Coordination Strategies

Handbook

A Guide for WIC and Primary Care Professionals

Special Supplemental Nutrition Program for Women, Infants, and Children

Migrant Health Centers

Indian Health Service and Tribal Health Systems

Community Health Centers

Coordination Strategies

Handbook

Prepared for:

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FOREWORD

The Coordination Strategies Handbook project is funded through a grant from the Food and Nutrition Service (FNS), U.S. Department of Agriculture. The Bureau of Primary Health Care (BPHC) and the Indian Health Service (IHS), Department of Health and Human Services, cooperated with FNS at the Federal level to develop the handbook.

The project was undertaken in response to a mandate of P.L. 103-448, the Healthy Meals for Healthy Americans Act of 1994. The Act stipulates the increase of WIC services at community and migrant health centers (C/MHCs), especially new health centers, and improvement of coordination of WIC services at IHS clinics. Among the activities undertaken in response to this mandate is the development of this handbook. It is intended to serve as a reference tool for local agencies, as well as a source of inspiration, in pursuing coordination and collocation efforts.

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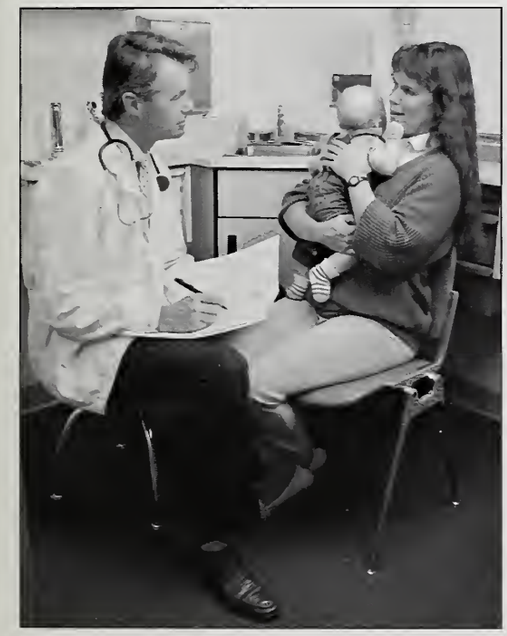

PROGRAM AREA INDEX

Policy and Administrative Coordination

Clinical Coordination

Community-based Coordination

SITE INDEX BY REGION

The site index provides a listing of each WIC program and health center mentioned in the handbook, as well as the page numbers where they appear. The sites are arranged by the 8 U.S. Department of Agriculture regions, which for the most part correspond with the 10 U.S. Department of Health and Human Services' (DHHS) regions. Within each region, sites are presented alphabetically by State and then alphabetically by the name of the WIC program. As many of the WIC programs are sponsored by health centers, the name of the WIC program is often the same as the health center's name.

Northeast Region (DHHS Region I and II)

Mid-Atlantic Region (DHHS Region III including New Jersey)

Mid-Atlantic Region (DHHS Region III including New Jersey)

Virginia

Washington, DC

Southeast Region (DHHS Region IV)

Alabama

Florida

Mississippi

North Carolina

North Carolina

South Carolina

Tennessee

Midwest Region (DHHS Region V)

Southwest Region (DHHS Region VI)

Mountain Plains Region (DHHS Regions VII and VIII)

Western Region (DHHS Regions IX and X)

ICON KEY

Model Site

This indicates that the site you're reading about is one of 12 models of coordination featured at length in Chapter Three.

Health Centers and Services

This indicates that the site is a federally funded community health center that provides primary health care services in medically under-served areas.

This indicates that the site is a federally funded community health center that is focused on serving the primary health care needs of migrant farm workers and their families.

This indicates that the site is funded through the Federal Indian Health Service. Some of these sites are tribally operated and are referred to as "tribal health systems."

This indicates that the site is a WIC local agency, a WIC program operated by an Indian Tribal Organization (ITO), or a site that coordinates services with an area WIC program. WIC is the federally funded Special Supplemental Nutrition Program for Women, Infants, and Children.

Coordination Efforts

This indicates coordination efforts between health centers and WIC programs that take place at the policy and administrative level (like jointly funding staff or staff training).

This indicates coordination activities between health centers and WIC programs that take place at the community outreach level (like marketing or the use of volunteers).

This indicates coordination initiatives between health centers and WIC programs that take place at the clinical level (such as coordinated appointment scheduling or common protocols).

Site Settings

This indicates that the site serves a population living mostly or entirely in a rural area.

This indicates that the site serves populations living in a combination of rural and urban settings.

This indicates that the site serves a population living in or near a major metropolitan area.

Acronyms Used in the Handbook

AI/AN	American Indians/Alaskan Natives
BPHC	Bureau of Primary Health Care
CAP	Community Action Program
CHC	Community Health Center
C/MHC	Community and Migrant Health Center
EPSDT	Early Periodic Screening Diagnosis and Treatment
FNS	Food and Nutrition Service
FQHC	Federally Qualified Health Center
FTE	Full-Time Equivalent
HRSA	Health Resources and Services Administration
HIV	Human Immunodeficiency Virus
IHS	Indian Health Service
ITO	Indian Tribal Organization
MCH	Maternal and Child Health
MHC	Migrant Health Center
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
NAWD	National Association of WIC Directors
OSHA	Occupational Safety and Health Administration
RD	Registered Dietitian
RFP	Request for Proposals
STD	Sexually Transmitted Disease
THS	Tribal Health Systems
USDA	U.S. Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

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CHAPTER ONE

What's So Great About Coordination?

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CHAPTER ONE
What's So Great About Coordination?

Everyone who works in or with a health and human services system sees the symptoms. We see mothers who have three different appointments for each of their three children on three different days. Or pregnant women who don't keep their prenatal appointment because their priority is keeping their WIC appointment—scheduled for another day. Sometimes WIC staff aren't as successful as they could be in getting new moms to breastfeed because the prenatal care providers don't discuss the issue with their patients. The list goes on: two agencies duplicating lab work, two clinical records for the same patient, two outreach programs... .

All of these symptoms reflect a chronic, stubborn condition: fragmentation and duplication of services that result from a lack of coordination.

WIC and primary health care programs have too much in common and too much at stake not to coordinate their efforts. They share a common goal: improved maternal and child health outcomes. They both work to increase access to and utilization of health care for pregnant women, infants, and children. While no one strategy can dissolve all the barriers to care, the evidence is in: Improving coordination between WIC providers and health care providers is a powerful step in the right direction.

Improved coordination among public agencies can:

- **increase the utilization of each coordinating program;**
- **expand the scope and range of services offered by the programs;**
- **provide more systematic, rational, comprehensive care to clients;**
- **eliminate duplication in administrative, clinical, and client support activities; and**
- **result in the most effective utilization of the resources of each coordinating program.**

This is what staff at several WIC programs say about the benefits of improving coordination with their health services partners who are collocated:

"Sick children seen at WIC can get immediate attention at the health center."

"Prenatal care providers send their walk-in patients right over to us at WIC."

"Our client nutrition education is so much more effective because the nurses at the health center reinforce what we say at WIC."

Here is what health center staff say about the benefits of improving coordination with their WIC partners who are collocated:

"WIC is a great marketing tool for the health center, many clients wouldn't seek health services before, but now they do because we're associated with WIC."

"When you have both tribal employees and IHS working together, they develop a better understanding of each other's programs and more respect for each other – our patients notice this and feel more comfortable."

"The WIC lactation consultant visits our new moms in the hospital and breastfeeding rates have increased."

Other benefits result from WIC programs and health centers that are integrated; staff at these sites say:

"Having the same administrative staff for both WIC and the health center allows more funds to go into client services."

"We provide one-stop shopping and clients love it."

"We are getting better perinatal outcomes now that WIC and the health center are in the same place."

In sum, the benefits of improved coordination and service integration include increased access to services, increased client satisfaction, increased staff satisfaction, and cost savings which all contribute to the most important benefit of all...improved clinical outcomes.

No one ever said that coordinating or integrating services was easy, however. It's a complex process, requiring the identification of common goals and the fostering of a level of trust and openness that supports thoughtful, candid communication among all parties involved. As program staff explore ways to improve coordination, it's helpful to keep a few notions in mind:

1. **Think of coordination as a long-term, multistep process instead of a sweeping transformation.** You won't get it ironed out in one monthly meeting. But you can get started and make a difference. The Coordination Assessment Guide in Chapter Six can help programs determine where they are on the coordination continuum.

2. **There are several types and levels of coordination to be considered as staff work on coordination issues.** For example, coordination may occur between two programs that are collocated, physically located in different places, or administered by the same organizational entity.

To describe the coordination activities contained in this handbook, three separate organizational approaches to coordination have been included. These are described as:

- **Coordinated:** This means the two programs refer to separate and autonomous agencies that are not collocated.

- **Collocated:** This means the two programs are administratively separate but either housed in the same building or located adjacent to each other.

- **Integrated:** This means the two programs are responsible to the same administrative governing authority.

3. **Coordination and services integration can occur at different organizational points of the program, including the policy level, the administrative level, or the clinical level of activity.** For example, two agencies may wish to coordinate their health education activities through a memorandum of agreement at the policy level. They may have a protocol to share staff developed at the administrative level. At the clinical level, they may have jointly developed a health education curriculum.

4. **Coordination efforts vary greatly from program to program.** And they should. This is definitely a case where one size does not fit all. What works well for one site may be less successful for another. On the other hand, sometimes a simple tactic can be replicated elsewhere with great success. Whatever your coordination process, your choices should be based on what's right for your agency's mission, resources, and client needs.

5. **Finally, it's good to remember that while developing a coordination effort can be complicated, it is easier than you might think.** Often the most effective coordination strategies are based not on one big brilliant idea but on the commitment to putting a very obvious, basic idea into daily practice. Don't get so focused on orchestrating big changes that you forget to make the small ones. They matter, and small successes can help you prepare to tackle the tougher stuff.

We hope this handbook will provide you with many big and small coordination ideas and empower you to make some of your own ideas an everyday reality.

About This Handbook

This handbook is designed to help WIC and health care providers strengthen coordination between their programs.

Easier said than done, you say? That's true, and that's why this handbook features **12 programs from across the country** that are already doing the hard work of coordination and seeing results. Rather than trying to describe an inclusive list of every WIC/primary health care program with effective service coordination in place, we offer these sites and their stories as a broad cross-section of examples and possibilities.

The handbook also describes **examples of coordination efforts by program area**, referencing many noteworthy examples of administrative, clinical, and outreach coordination happening in a variety of settings.

The handbook concludes with a **Coordination Assessment Guide** to help WIC and health services programs determine their current level of coordination and outline initial steps in starting or revisiting existing strategies.

The purpose of this information is twofold:

- First, to describe strategies successfully being used by real-life WIC and health care staffs to improve coordination and integration of services.

- Second, the handbook is intended to stimulate interaction and discussions among WIC, C/MHCs, IHS programs, and tribal health systems personnel so that they may adopt the strategies described to strengthen their coordination, thereby providing their clients with better care.

The programs most often referred to in this handbook include the WIC Program, C/MHCs, and IHS.

- The Special Supplemental Nutrition Program for **Women, Infants, and Children (WIC)** is federally funded and administered at the Federal level by the U.S. Department of Agriculture. The WIC Program provides supplemental foods, nutrition education and counseling, and referrals to health care and social services for pregnant, breastfeeding, and postpartum women, as well as infants and children up to the age of 5 years.

- The **Community and Migrant Health Center (C/MHC) Program** is federally funded by the U.S. Department of Health and Human Services' Bureau of Primary Health Care to provide primary health care services in medically under-served areas.

- **The Indian Health Service (IHS)** is an agency of the Public Health Service within the Department of Health and Human Services. IHS is responsible for providing Federal health services to American Indians and Alaskan Natives.

- **Tribal Health Systems (THS)** are health centers and systems that are locally owned and operated by Indian tribes.

For a brief description of WIC, C/MHC, and IHS, see Appendix A.

Using This Handbook

This handbook is designed to meet a broad range of informational needs in a user-friendly way. It provides both quick overviews and detailed narratives. It is both a book of ideas and a guide to practical action. It is a self-assessment tool for evaluating present activities and a planning tool for the future.

You may want to use the handbook to get an overall picture of what other WIC programs and primary health care providers are doing to improve coordination. You may want to use it to get some specific help regarding coordination in a particular program area. Or you may want to use the handbook's Coordination Assessment Guide to help you implement new coordination strategies.

You'll notice that the handbook contains a number of small icons signifying various program indices, such as urban, rural, IHS, and others. These icons are designed to facilitate ease of reference and to help give you at-a-glance information about the agencies, activities, and settings where coordination occurs.

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CHAPTER TWO

How Will I Know a "Model" Coordination Effort When I See One?

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CHAPTER TWO

How Will I Know a "Model" Coordination Effort When I See One?

The easiest way to recognize a model coordination effort is to remember the reasons that coordination is important—to provide the best possible services to clients and to make the most of the resources available to us. Therefore, a model coordination effort is one that contributes to an improvement in the quality and seamlessness of care and the effective utilization of human and fiscal resources.

The guidelines used to identify sites for inclusion in the handbook as model sites may also help users of the handbook compare their program's current level of coordination to other programs that serve a similar population and explore opportunities for improvement. The following criteria were used to determine whether or not the activities implemented by sites interviewed for inclusion in the handbook are models of effectiveness:

- **Does the coordination effort lead to improved outcomes for clients?** While this is the primary reason to pursue coordination, it may be difficult to measure actual outcomes. Sites selected for inclusion in the handbook used a variety of measures. Most of the sites experienced an increase in either the WIC or health center caseload, or both, as a result of implementing coordination activities. In addition, many sites were able to point to increased client and staff satisfaction and document clinical improvements in areas such as breastfeeding and immunization rates. Decreases in anemia and baby bottle tooth decay in client population also resulted from improved coordination efforts. Though some sites could not demonstrate these outcomes with hard data, virtually all the WIC and health center staffs believed that their clients were better served as a result of their partnership.

- **Does the coordination occur at many levels in the delivery of service, including the administrative, clinical, and client levels?** Model sites are those that institutionalize coordination policy and practice at each organizational level within their program. Sites that formalize their coordination strategies through memoranda of agreement, routinely used forms, and standard operating procedures have the best chance of institutionalizing their partnership at the administrative and program levels. Coordination efforts must not only exist on paper but be brought to life by staff in such a way that they are apparent to the client.

- **Does the site employ innovative approaches to coordination?** This criterion can apply to the development of a brand new approach, a variation on an existing approach, or the meaningful implementation of an approach that is known but never put into practice. Sites that meet this standard identify and use creative strategies to develop programs and manage staff in a coordinated fashion. They focus on the results they want to achieve and use problem-solving techniques to improve coordination with their partner agency.

- **Can the coordination be sustained over time?** Another indicator of a model coordination effort is the ability of the collaborating programs to sustain the effort. WIC programs and health centers were reviewed to determine if their coordination effort was implemented in a way that can be continued. Adequate financial and institutional supports must be in place so that clients do not suffer as a result of sporadic or short-term coordination.

- **Can the coordination strategy be implemented by other WIC programs and health centers?** This criterion assessed whether a site's funding mechanisms, administrative structures, and service delivery strategies are feasible enough to be implemented by other WIC programs and health centers. This is an important consideration for programs that may be able to coordinate their services at one service delivery site but also need to consider coordination at other sites.

- **Does the site provide culturally and linguistically appropriate care?** The most important aspect of service delivery is the extent to which it meets the needs of clients; client needs cannot be adequately met if the services are not culturally and linguistically appropriate. WIC programs and health centers were evaluated to see if by sharing knowledge, experience, and expertise among program staff that they were delivering culturally and linguistically appropriate care.

- **Does the site involve the community in its coordination of services?** To be effective, programs must be responsive to the populations served. Model sites recognize this as an important component in improving coordination and involving community members and clients in the design, implementation, and evaluation of service delivery.

There are as many different ways to improve coordination between programs that serve the same or similar populations as there are differences in the types and structures of WIC programs and primary health care services. The handbook includes a variety of

examples for readers to review and consider for adaptation. For example, these include a description of an independent WIC agency collaborating with a health center, an independent WIC agency providing services within a nearby health center, and a WIC agency sponsored by and integrated with a health center.

Many different types of primary health care settings are represented in the handbook, including migrant health centers, community health centers, Indian Health Service clinics, as well as health centers that are owned and operated by Indian tribes (referred to in the handbook as "tribal health systems"). Likewise, various types of WIC agencies are featured, from those sponsored by local health departments to those run by tribal organizations to those administered by private nonprofit organizations.

Using the criteria described previously, 12 sites were selected to be described in the handbook. There are, of course, many other WIC programs and health centers throughout the Nation that have exemplary coordination efforts in place. While a systematic approach was used when selecting sites, the handbook does not contain an exhaustive list of model coordination efforts. The process used to select these sites is described in Chapter Three.

In addition to the 12 sites described in the next chapter, the handbook includes a number of examples from sites around the country that have implemented coordination strategies in a few specific program areas. Chapter Four offers real-life examples of how WIC programs and health centers collaborate at the administrative, clinical, and community levels.

The handbook is designed to provide program staff with ideas and suggestions for improving coordination, remembering that no matter what the administrative relationships are between WIC and primary health care, coordination can help to provide better quality and seamless care to patients.

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CHAPTER THREE

Twelve Model Sites

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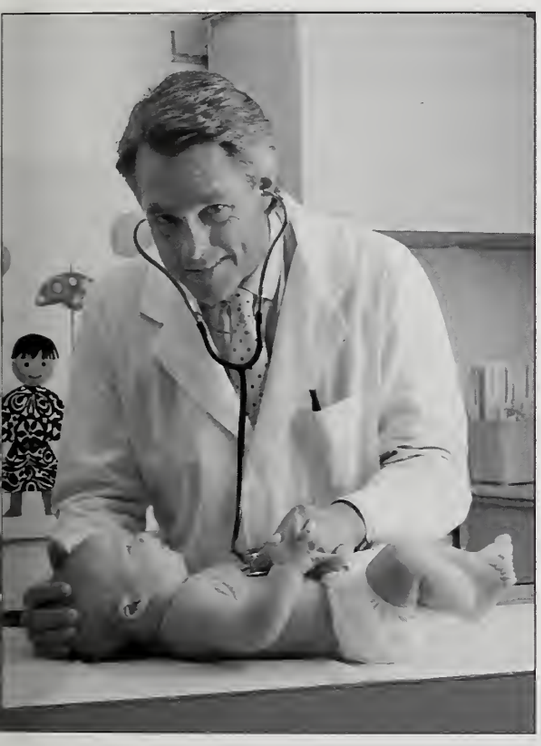
CHAPTER THREE
Twelve Model Sites

This section of the handbook provides details on how 12 WIC programs and primary health care agencies work together. The table on page 20 displays the administrative and service setting characteristics of the 12 sites featured in this chapter, along with a map showing the location of each site.

Each of the summaries in this chapter begins with a description of the background information on the WIC program and the health center. The main part of each site summary is dedicated to a description of the ways in which the two programs coordinate with one another. The coordination program areas are organized by policy and administrative issues; those related to the delivery of clinical, educational, nutritional, or social services; and efforts to reach out to or involve the community in the collaboration. In the last part of each summary, the opinions and perceptions of program staff are shared. If, after reading about a site, you have questions, please feel free to call the contact people listed for the site.



One way to use this information is to read the site summaries that are most similar to your WIC program or health center. For example, you could read about WIC programs that are coordinating with community health centers in rural areas. Or, you could review the summaries that describe health centers that sponsor local WIC programs and those that serve over 30,000 patients each year. We do urge you, however, to read information from sites that are not like yours, as you may gain additional insights into possible coordination strategies.

Process Used to Collect Information and Identify Model Sites

When developing the handbook, careful thought was given to the design and operational issues critical to the development of an informative, engaging resource that could be easily and effectively used by busy WIC and health care providers. To this end, Health Systems Research, Inc. (HSR), developed a process and mobilized resources that would allow us to produce a handbook that is not only informative but also motivational and empowering. This process included:

- the organization of a Reactor Panel of experts with hands-on experience in WIC and health services delivery to provide input on the design and content of the handbook;
- the involvement of an experienced social marketing firm to ensure that the handbook is appealing and easy to use;
- consultation with an expert in cultural competence to ensure that the handbook is relevant and sensitive to the needs of special population groups;
- the pretesting of the handbook to gather information on design features, organization of the material, and motivational impact; and
- the development of a readiness assessment tool to help staff translate their enthusiasm into action.

The issues of how to identify WIC sites that may be coordinated with health care centers and how to select from this group those sites with model coordination efforts were particularly challenging. The processes used to effectively manage these issues are described below.

Identifying an Initial Pool of Sites. HSR sent letters describing the project and soliciting suggestions for the initial pool of sites to each State WIC director, State primary care associations, the National Association of Community and Migrant Health Centers, and IHS and tribal health centers. In addition, each of the project's sponsoring Federal partners used the resources of their agencies to provide information about potential sites. The project Reactor Panel also identified WIC sites engaged in coordination activities with health agencies. Using a database of all the CHC/MHCs in the country, additional sites were identified that are collocated or coordinated with a WIC program. Ultimately, 135 sites were chosen that reflected an appropriate mix of CHCs, C/MHCs, MHCs, and IHS programs engaged in some form of coordination.

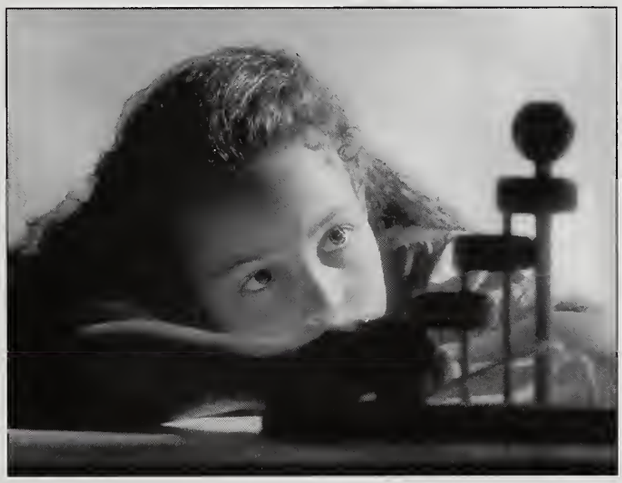
Conducting Brief Interviews With WIC Staff. Using a short interview guide, project staff conducted interviews with WIC representatives from the 135 sites to assess the nature and extent of their coordination activities with health services agencies. Data from these interviews were reviewed and, using agency characteristics and selection criteria developed in conjunction with Food and Nutrition Service (FNS) and the Reactor Panel, the number of sites with promising coordination efforts in place was reduced to 56 agencies.

Conducting Indepth Interviews With WIC and Partner Agency Representatives. Project staff completed indepth interviews with both representatives from 46 of the 56 sites using a protocol developed by staff with input from the Reactor Panel and the FNS project officer.

Selecting Sites to Be Featured in Detail in the Handbook. Data from these interviews were reviewed and assessed for examples of model coordination practices. The criteria were again applied, and 12 of these sites were selected to be included in the handbook as model examples of effective coordination.

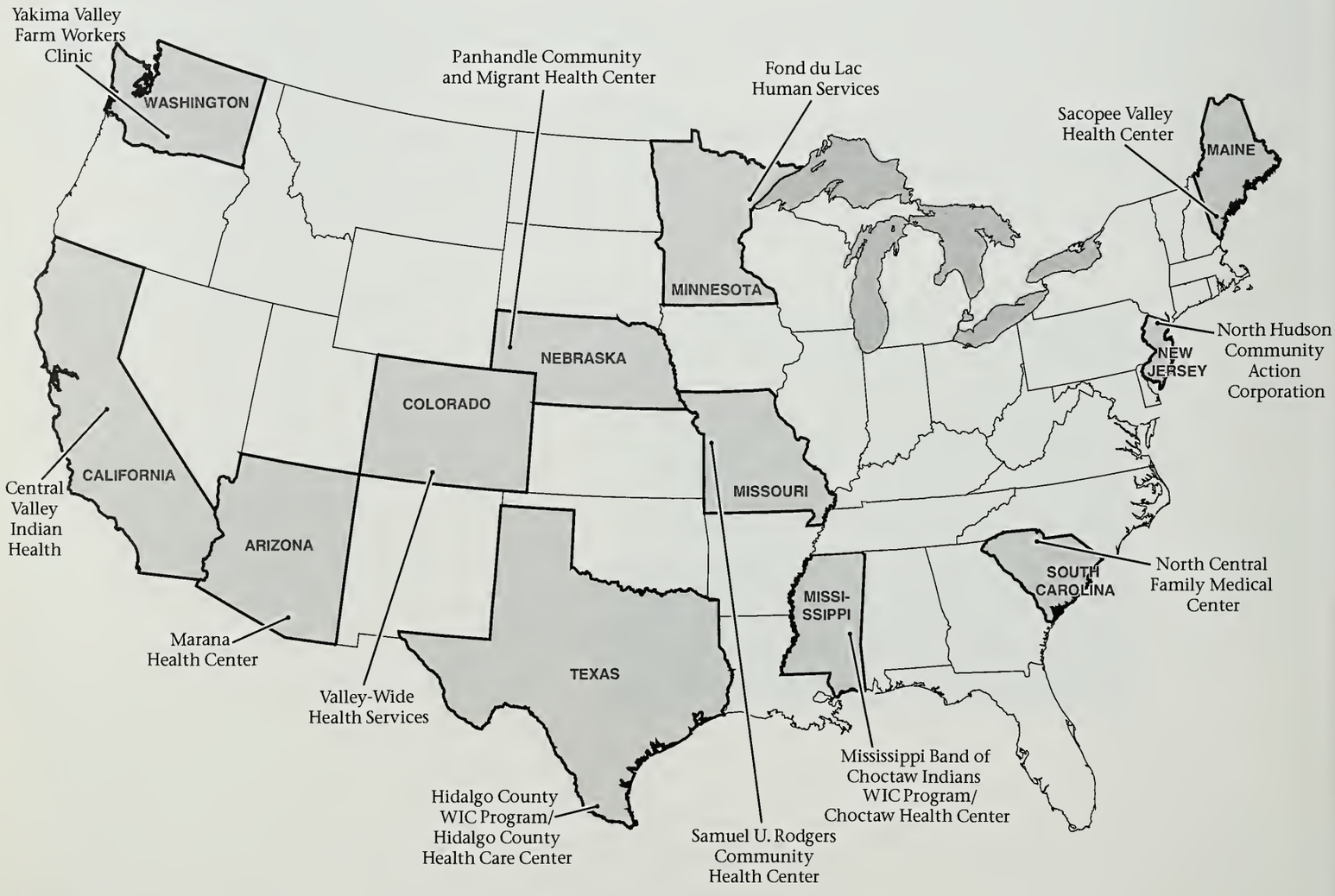
Selecting Coordination Examples in Specific Program Areas. In addition, information gathered from the indepth interviews was reviewed to identify examples of effective coordination in specific program areas, such as outreach and patient record keeping.

The methodology used to select sites for inclusion in the handbook was thoughtfully developed and rigorously followed. It allowed us to initially cast a broad net, gathering a large number and variety of sites and to then engage in a step-by-step, criteria-driven process to identify the sites with coordination activities in place that could be tailored and replicated by other programs.



Model Site Characteristics

WIC Agency/Health Center	Type of WIC Agency	Type of Health Center	State	Coordination Type	Service Area	Page #
Sacopee Valley Health Center	Private, nonprofit agency	CHC	ME	Integrated	Rural	21
North Hudson Community Action Corporation	Community Action Program	CHC	NJ	Integrated	Urban	25
Mississippi Band of Choctaw Indians WIC Program/ Choctaw Health Center	WIC Indian Tribal Organization	THS	MS	Collocated	Rural	29
North Central Family Medical Center	Private, nonprofit agency	CHC	SC	Integrated	Suburban	35
Fond du Lac Human Services	Private, nonprofit agency	THS	MN	Integrated	Rural	41
Hidalgo County WIC Program/ Hidalgo County Health Care Corporation	Local health department	C/MHC	TX	Collocated	Small City	45
Samuel U. Rodgers Community Health Center	Private, nonprofit agency	CHC	MO	Integrated	Urban	51
Panhandle Community and Migrant Health Center	Community Action Program	C/MHC	NE	Integrated	Rural	55
Valley-Wide Health Services	Private, nonprofit agency	C/MHC	CO	Integrated	Rural, Frontier	61
Marana Health Center	Private, nonprofit agency	C/MHC	AZ	Integrated	Rural	67
Central Valley Indian Health	Private, nonprofit agency	THS	CA	Integrated	Urban, Rural	71
Yakima Valley Farm Workers Clinic	Private, nonprofit agency	C/MHC	WA	Integrated	Small City, Rural	77



Site Profile

Agency:
CHC (WIC sponsoring agency)

Geographic Area:
Four-county, rural area

Population Served:
4,200 patients a year, mostly White

WIC Program:
372 participants; two staff

Policy/ Administration:
Jointly funded staff; joint data collection

Clinical Coordination:
Referrals; coordinated appointments

Outreach:
Health fairs; PSAs; schools

Special Initiatives:
Teen Reach Program

Sacopee Valley Health Center

Porter, Maine

I. Background Information

The Sacopee Valley Health Center is located in rural southwestern Maine, in the town of Porter, 6 miles from Maine's southwest border with New Hampshire. The health center offers a variety of services, including health care, social services, nutritional counseling, mental health, and substance abuse services to the residents of 12 towns in 4 counties and 2 States. The health center's 35 staff provide services to 4,200 individuals each year, the majority of whom are White.

The health center sponsors the WIC program, which is fully integrated into the health center as part of its social services department.

II. Coordination

In 1975, a group of concerned community members recognized the need for expanded medical services in the Sacopee Valley area. As a result, a steering committee was formed to pursue funding for a rural community health center. With the contribution of an old farm house to use as the health center, the idea was on its way to becoming a reality, and the health center opened its doors in 1976.

The Sacopee Valley Health Center has taken a number of steps to increase coordination between the health center and the WIC program. These initiatives have been grouped into policy and administrative activities, activities involving the delivery of clinical services, and efforts that aim to inform community members of the services available at the health center.

A. Policy and Administration

There are several joint policies between the health center and WIC that facilitate coordination, including the **sharing of staff and program data**. Both programs routinely share the patient assistant programmer/fee discounter, receptionist, WIC assistant, nutritionist, and WIC director. These positions are jointly funded and are accounted for by a division in the percentage of time staff spend working in each program.

Though the health center and the WIC program do not have integrated data systems, they do have access to each other's data and can generate joint reports. For example, clinic administrators used joint program data to determine the prenatal utilization rates of their clients.

B. Clinical and Social Services

The health center and the WIC program coordinate a number of clinical and social service activities. **Screening and assessment procedures** are coordinated between the health center and WIC, so that repeat screenings are not required by WIC staff. Also, the social services manager for the health center can determine WIC eligibility based on Medicaid status and the WIC assistant can screen participants for Medicaid eligibility, making these screening and referral activities more efficient.

Because transportation is a significant barrier to service utilization, **coordinating appointments for clients** is a priority. Although the WIC clinic and the health center have separate appointment staff, both programs work hard to ensure that clients receive all of their needed services in one visit.

Referrals between programs have been a major part of this coordination effort. The staff of both programs are trained in making all the appropriate and necessary referrals. Referrals are generally made to WIC by health center staff if women are pregnant, low income, or have an underweight child or a child with special needs. In addition, all prenatal patients see the health center nutritionist and are screened for WIC at that time. Clients are referred to the health center by WIC if they do not have a provider or if they have a medical need.

Both programs routinely follow up with clients. A copy of the referral form is kept in the WIC record, and the original copy is forwarded to the medical provider and then filed in the medical record. If the WIC program or the health center staff do not receive the returned, completed slip from their collaborating partner, they follow up with the client and encourage them to seek services.

The Sacopee Valley Health Center also sponsors **joint staff training and development** for health center and WIC staff. Both WIC and health center staff are involved in planning and implementing training sessions, which occur as needed. These sessions cover an array of topics, including cultural diversity, domestic violence, customer service, confidentiality issues, stress reduction, and nutrition-related issues.

C. Outreach and Community-based Activities

The Sacopee Valley Health Center and WIC collaborate with other organizations and programs throughout the community. Sacopee Valley staff conduct a wide variety of outreach activities, including health fairs, public service announcements, and health education programs in schools. Sacopee Valley staff also provide WIC and health services in Head Start centers, nursery schools, and at area churches.

One of the health center's major outreach success stories is a health education and support program for pregnant and parenting adolescents called the **Teen Reach Program**. Teen Reach provides education and organizes support groups for young parents on topics such as nutrition, safety, infant care, stress management, and decision-making. Both health center and WIC staff conduct outreach with teenagers in area schools and let them know about this special service. The Teen Reach Program has been instrumental in prompting teen parents to obtain services for themselves and their children.

III. Perceived Effectiveness of Collaboration

The coordination effort between WIC and the health center has been extremely effective in reaching its goal of providing comprehensive, quality health services to the community. Although there has not been any documented increase in the number of health center clients, staff members are confident that the coordination effort has made a difference in the level of participation of existing clients, especially adolescents as a result of the Teen Reach Program. In fact, the social services manager for the health center has observed increased breastfeeding rates among teen mothers.

Staff from both the health center and WIC have expressed overall satisfaction with the coordination initiative. Both have said that the working relationships have been enhanced, and from a client's perspective, there has been an increase in visibility and scope of services. Clients have been very pleased with services as well. They feel privileged to have the two services collocated and really appreciate having a multitude of services under one roof.

Sacopee Valley staff believe that coordination between the health center and the WIC program is facilitated by the fact that the WIC clinic is sponsored by the health center, and

together they operate as one agency. Also, the social services manager, who counsels health center patients in need of various services, acts as the liaison between the health center and WIC and supervises the WIC director, fostering intra-agency communication and collaboration.

The Sacopee Valley Health Center's coordination effort is an excellent model of "one-stop shopping" which could easily be replicated, especially in rural areas where transportation is a problem for many clients. Their referral process, outreach efforts, and Medicaid enrollment efforts are exceptional. The Sacopee Valley Health Center staff urge other agencies that want to better serve their clients to develop a good relationship with each other and be aware of all services in the community.

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Sacopee Valley Health Center, Porter Maine

Site Profile

Agency:
CAP (WIC sponsoring agency)

Geographic Area:
Urban, outside New York City

Population Served:
36,000 patients, mostly Hispanic

WIC Program:
11,000 participants; 30 staff

Policy/ Administration:
Coordinated budgeting; Shared staff

Clinical Coordination:
Joint patient nutrition education plans; joint protocols

Outreach:
Hospitals; health fairs; direct mail

Special Initiatives:
Mobile health center

North Hudson Community Action Corporation

West New York, New Jersey

I. Background Information

Located in West New York, New Jersey, the North Hudson Community Action Corporation (NHCAC) provides a full menu of health and social services at three different locations to the residents of 10 New Jersey municipalities. NHCAC provides services in the following areas: health, mental health, substance abuse, nutrition education, emergency food and shelter, immigration and naturalization, Head Start, child care, job placement, tenant and landlord relations, energy conservation, and home repair. More than 150 staff provide services to approximately 36,000 patients each year.

The agency serves a densely populated, low-income area outside New York City where many Hispanic families live. In fact, the area constitutes one of the greatest concentrations of Hispanics in the country. This area is lagging behind other areas of the state in terms of economic recovery. Substance abuse, employment problems—such as low wages and insufficient job training—and violence are counted among clients' biggest concerns about their community.

NHCAC sponsors the local WIC program, which is fully integrated into the health center and functions as its own department. The WIC program is located at NHCAC's main site in West New York.

II. Coordination

NHCAC has been the sponsor of the WIC program for more than 20 years. However, when WIC was initiated, services at NHCAC were limited. In 1994, NHCAC received a grant to establish a federally qualified health center. In 1997, NHCAC received Section 330 funding to support the health center. After the health center was started, the

medical staff and the WIC program began to coordinate the provision of prenatal care and nutrition education in an effort to improve birth outcomes.

A. Policy and Administration

NHCAC's health center and WIC program have fiscal and staffing coordination policies in place, as well as joint planning activities. For the most part, the WIC program and the health center manage their budgets independently. However, the **budget is coordinated** in certain areas to achieve specific goals, such as providing joint outreach activities and maintaining the mobile health center.

NHCAC's health center and WIC program coordinate many of their service planning activities to ensure that resources are being utilized efficiently. **A team of case managers,** comprised of representatives from WIC and the health center, meets regularly to discuss patients and to determine appropriate interventions. This team is responsible for coordinating health, nutritional, and social services. In addition to joint planning activities, some clerical and nutrition staff at NHCAC are shared to provide backup when the caseload for one of the programs becomes especially heavy.

NHCAC also sponsors **joint training** for health center and WIC staff. Both WIC and health center staff assume leadership roles in planning and implementing these quarterly training sessions, which focus on topics such as nutrition, dental hygiene, and breastfeeding promotion.

Finally, WIC and health center staff regularly attend each other's staff meetings as well as participate in other conferences and activities outside their agency. For example, staff from both clinical services and the WIC program participate in the Perinatal Consortium, a State program that examines available services for women and children and makes service delivery recommendations to the State and local health departments.

B. Clinical and Educational Coordination

Because WIC and the health center share a common registration area, it is relatively easy to coordinate appointments for patients so that they can receive all of the services they need in one visit. NHCAC's appointment scheduling system also facilitates this process. At any time, clinical and WIC staff can go into the system to determine appointments that have already been made for a patient. Having access to this information allows them to schedule other appointments accordingly.

WIC and health center staff follow **the same clinical, nutritional, and educational protocols** for serving patients. For example, NHCAC staff share protocols for breastfeeding. While some of these protocols were developed independently and later

shared, the NHCAC nutrition protocols were developed jointly by WIC and health center staff. They also collaborated to develop **individualized nutrition education plans for clients.**

NHCAC takes pride in providing **culturally competent nutrition education** for their predominantly Hispanic clientele. One way they do this is by hiring community residents who understand the language and cultural issues. Many health center and WIC staff are bicultural and speak a variety of languages, including Spanish, Arabic, and Italian. To supplement the languages spoken by staff, agency personnel use the AT&T language line.

NHCAC staff have received cultural competency training, and some have also received special training on the dietary needs and preferences of Hispanic clients. Measures are also taken to ensure that educational materials are written at the 4th grade reading level and use a lot of symbols and pictures. NHCAC then pretests these educational materials with clients to make sure they are appropriate.

C. Outreach and Community-based Initiatives

WIC and the health center have a strong commitment to working with other health services in the community. **NHCAC staff visit local health departments and area hospital** maternity wards to enroll eligible infants in the WIC program. WIC staff provide **lactation consultation to new mothers** in the hospital.

Health center and WIC staff plan, organize, and conduct outreach together. One of the best examples of their coordinated outreach is their **mobile health center.** This "portable health center" provides WIC certification and assessments, as well as pregnancy testing, blood pressure, diabetes, and cholesterol screenings, and referrals to NHCAC for needed health and social services. While the mobile health center is the most visible presence in the community, WIC and health center staff routinely conduct outreach in post offices, libraries, grocery stores, and at health fairs. NHCAC also has the support of local mayors, who work with WIC and the health center to send literature to public housing residents.

III. Perceived Effectiveness of Collaboration

The coordination effort has been extremely effective in providing access to health care for area residents, increasing immunization rates for WIC participants, getting pregnant women into prenatal care in their first trimester, and decreasing the number of low birth-weight babies and those who die before they reach 1 year of age. NHCAC has also realized some cost savings by having the health center conduct all of the blood work and most of the height and weight measurements for WIC participants and by sharing the cost of supplies between the health center and WIC.

Staff and clients are delighted with the effort. NHCAC's WIC coordinator believes that the coordination effort has helped to inform community residents where they can obtain the care they need, has provided those needed services, and has served as a source of information for patients about other available services in the community. The collaboration allows them to provide better care to the patients they serve. Based on the results of weekly surveys conducted by the health center, the "one-stop shopping" concept is one that the patients definitely appreciate. Staff also believe that the collocation of WIC and medical services has played a large role in advancing the coordination effort.

While the effort is running smoothly, there were some initial challenges. Some staff resisted the idea of collaborating for fear that they would lose important and unique facets of their programs. Several practices helped to overcome that challenge, including an open dialogue between WIC and health center staff about how to best serve patients, joint training between WIC and health center staff, and shared protocols in the treatment and handling of patients.

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North Hudson Community Action Corporation, West New York, New Jersey

Site Profile

Agency:
Tribal Health System/WIC Indian Tribal Organization

Geographic Area:
Rural, checkerboard Indian reservation

Population Served:
8,000 Choctaw Indians

WIC Program:
800 participants; six staff

Policy/ Administration:
Joint staff meetings; MOA; Joint data collection and analysis

Clinical Coordination:
Formal referral process; joint clinical and educational protocols

Outreach:
Health fairs; childbirth classes

Special Initiatives:
Paraprofessional home visitors

Mississippi Band of Choctaw Indians WIC Program/Choctaw Health Center

Philadelphia, Mississippi

I. Background Information

The Choctaw Health Center (CHC), located near the small town of Philadelphia, Mississippi, is a self-governed tribal health center that has been operating since 1975. CHC serves the 8,000 tribal members of the Mississippi Band of Choctaw Indians (MBCI) living on or near the tribe's checkerboard reservation in a rural, 10-county area in the eastern central region of the State. The health center has a 30-bed inpatient facility, emergency room services, and an emergency medical services team, as well as community health services, dental health, behavioral health, outpatient services, and a Women's Wellness Center. Seventy-three percent of the clientele are full-blooded Choctaw.

The CHC opened the free standing Women's Wellness Center (WWC) in January 1992 to provide comprehensive, preventive care for Choctaw women, non-Indian spouses of Choctaw men, and children up to age 6. The center was created to better meet the needs of pregnant women who receive fragmented care from tribal/IHS, State-funded, and private providers; a study conducted by the tribe had shown that many high-risk women received fewer than four prenatal care visits. In October 1992, the WWC received a 5-year Maternal and Child Health Bureau (MCHB)-funded Community Integrated Service System grant to assist in its effort to develop a "one-stop shopping" approach for Choctaw mothers and infants; a home visiting program for pregnant and post-partum women and their children; and a coordinated referral system between providers located on and off the reservation.

The MBCI WIC Program is an Indian Tribal Organization (ITO) that was started in the mid-1970s and was originally housed in the CHC nutrition department. Today, the program has become its own department and has a caseload of roughly 800 Choctaw women and children.

Because the reservation is geographically diffuse and transportation is a significant barrier for many families, the MBCI WIC staff travel to seven different sites on the reservation every other month to issue vouchers. These satellite sites are located in tribal community centers throughout the reservation, one of which is a 2-hour drive from the primary WIC office at the CHC. Because it outgrew its space in the clinic, the WIC office is now located in a double-wide trailer behind the Women's Wellness Center. The six-member MBCI WIC staff consists of the WIC director, a nutritionist, an administrative assistant, two clerks, and a clerical supervisor.

II. Coordination

The CHC Women's Wellness Center and the MBCI WIC Program work closely together coordinating at the policy, administrative, clinical, and community levels.

A. Policy and Administration

The programs have forged a formal collaborative relationship with Choctaw early childhood programs that serve the same population as WIC and the CHC. In addition, WIC and CHC share staff and other resources, coordinate appointments between WIC and the medical staff, use an integrated patient medical record, hold joint staff meetings and trainings, and use one another's data to improve service delivery.

The MBCI WIC Program, the CHC, and the Choctaw Early Childhood Education Program (CECEP), which administers the Head Start Program and day care centers, entered into a **three-way Memorandum of Agreement (MOA)**. The agreement was created to promote coordination and communication about health and nutrition services at the agency level, reduce duplication of effort, improve quality of care, and provide the community with information. Staff from all related programs meet on an annual basis to discuss the roles and responsibilities of each program.The agreement specifically mentions anemia, obesity, diabetes, substance abuse (including Fetal Alcohol Syndrome), AIDS education, physical disabilities, developmental delays, immunizations, and mental and physical conditions related to poor diets, as areas of mutual interest to the three agencies.

The programs have also agreed to carry out a variety of other activities. For example, the WIC program has agreed to conduct nutrition assessments annually for the CECEP; send a representative to serve on the CECEP Health Advisory Board and interdepartmental committees; share its program data, while safeguarding participant confidentiality; and share coverage for the evening Wellness Center Clinic. The CHC has agreed to provide health screenings for WIC and CECEP clients; share information concerning IHS legislation and regulations that may affect WIC and CECEP; provide data on live births, infant mortality, and low birth-weight infants; and participate in

collaborative planning and evaluation activities. The CECEP program has committed to sharing educational materials and strategies and to developing joint staff training for nutrition educators from CHC and WIC. The MOA is updated annually to include additional areas of collaboration.

The CHC and the MBCI WIC Program **share responsibility for collecting medical data** needed for WIC certification. The CHC staff take clinical measurements for all WIC clients and process the results in their lab. The programs also share staff and operating costs, housekeeping, and computer support expenses.

WIC and Women's Wellness Center **appointments are often coordinated** so that patients can receive services from both programs on the same day. Prenatal care appointments, postpartum appointments at 2 and 8 weeks after delivery, and well-child visits are coordinated with WIC. After clients see the medical staff, they attend their WIC appointments. WIC staff use the medical information put in patients' charts by CHC staff to determine eligibility for the program.

The CHC and WIC staff meet on an ad-hoc basis to discuss medically or nutritionally complex or high-risk clients. The use of a **single, integrated medical chart** enables WIC and CHC staff to read their colleagues' notes and treatment plans. Staff from the WIC program and from the CHC also have **access to each other's data** as stipulated in the MOA. Both programs have used this data to apply for grant funding, assess service utilization, make changes in service delivery, and increase coordination related to special initiatives. For example:

- Both agencies used their data to determine that a lack of transportation was the greatest barrier for many clients who needed maternal and child health services. As a result, the CHC applied for, and received, funds for a vehicle and paraprofessional home visitors.

- The WIC program used service utilization data to modify its voucher issuance schedule in remote areas of the reservation and to eliminate one of the poorly attended satellite sites.

- The CHC used WIC data to identify families that live in areas where the water is not fluoridated. Because baby bottle tooth decay is pervasive on the reservation, these children were targeted for dental outreach.

B. Clinical and Educational Coordination

The agencies work in tandem to ensure high standards of care, identify patients who need additional services, and deliver effective and consistent nutrition education to the community. To reach these goals, the agencies developed a variety of joint protocols, instituted a formal referral process between the agencies, created a system to identify children in need of additional immunizations, and collaborated to develop culturally appropriate nutrition education messages and curricula.

The CHC Women's Wellness Center began to coordinate with the WIC program before the center even opened its doors. As soon as the tribal leadership approved the creation of the new program, the CHC's nutrition department and community health services department and the WIC program jointly developed the clinical, educational, and nutritional protocols to be used by the Women's Wellness Center.

The CHC and MBCI WIC Program have developed a **formalized system of referrals** between the agencies. If clients have an appointment with one service, the staff either walk them next door or give them a referral slip to ensure that the client is seen by the partnering agency. WIC staff also review CHC's appointment book and highlight patients that are overdue for their WIC appointments in an effort to get them back in for services. The CHC also has an online referral system, and with it, can make referrals to many departments within the CHC. All referrals are documented in the computer system.

In light of the high incidence of **baby bottle tooth decay** among Choctaw children, the CHC is particularly systematic about referrals between the WIC program and the dental health department. The dental staff receive help from the WIC program in identifying children in need of dental services, since it is much easier to prevent baby bottle tooth decay than to treat it. Dental referrals are automatically made for WIC clients at their certification appointment, as well as on a case-by-base basis. If WIC does not receive its copy of the triple copy dental referral form in the appropriate time period, WIC staff contact the dental department and the client to ensure that the child has an appointment to receive a dental checkup.

The CHC also works closely with WIC to ensure that Choctaw children are **fully immunized.** The health center uses its computer system to identify individuals who are "deficient" on their immunization schedule. Using the list generated by the health center, WIC staff flag their clients' record in their computer system. WIC then sends a letter to the parents of all of these children informing them that their child has fallen behind on immunizations and encouraging them to bring their child to the health center for shots. Due in part to this effort, the health center has had a 90 percent immunization rate for the last 3 to 4 years.

Nutrition education is provided in a **culturally appropriate manner** as all WIC staff are Native American, and most speak the tribal language. Since Choctaw is not historically a written language, the current written Choctaw cannot be read well by most members. Thus, all nutrition education materials are provided in English. The WIC director uses a computer program to ensure all educational materials are written between the 5th and 6th grade reading levels. Also, Choctaw WIC staff and members of a patient education committee review nutrition education materials to determine whether clients will be able to understand them.

C. Coordinated Outreach Activities

The CHC and the MBCI WIC Program combine their outreach resources, using **mass media, community, and one-on-one peer outreach** to ensure that all Choctaw families are aware of their services. Each year the WIC program writes announcements for the reservation's television station, which are read aloud by the anchor. WIC information is also included in the tribe's resource guide published by the tribal public affairs office. The WIC and CHC staff write articles together for area newspapers, and all CHC brochures and posters feature information about WIC services.

WIC and the CHC jointly participate in health fairs and prenatal and childbirth classes conducted in child care centers, high schools, and other community locations. The WIC program and the Women's Wellness Center also utilize **paraprofessional home visitors.** These paraprofessionals are Choctaw women who have received training in maternal and child health and have learned how to conduct outreach and to follow up on missed appointments.

The home visitors act as patient advocates and provide transportation services for pregnant women through 8 weeks postpartum to ensure they can keep all of their medical appointments. For example, if WIC provides services to a pregnant woman who is not currently receiving prenatal care, WIC notifies the home visitors, who in turn call or visit the woman to encourage her to come to CHC for prenatal care. The same procedures are followed if a client misses her WIC appointment.

III. Perceived Effectiveness of Collaboration

WIC and the Women's Wellness Center administrators report that because the center is a new program, it was relatively easy to put coordination efforts in place. For the most part, coordination efforts have proceeded smoothly. Choctaw women and children are pleased with the new arrangement and particularly value the "one-stop shopping" approach. Officials say that WIC has been able to "catch" children who are not in the system and refer them to health services. Perhaps, most importantly, clinical outcomes have improved.

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Site Profile

Agency:
CHC (WIC sponsoring agency)

Geographic Area:
Small city and
rural, three-county area

Population Served:
6,300 patients a year, about half Black and half White

WIC Program:
1,150 participants; 5 staff

Policy/ Administration:
Jointly funded staff; Quality Improvement Committee

Clinical Coordination:
Medicaid eligibility worker; jointly developed clinical protocols

Outreach:
Health fairs; visiting newborns in hospital

Special Initiatives:
Clinical measures studies

North Central Family Medical Center

Rock Hill, South Carolina

I. Background Information

The North Central Family Medical Center is appropriately named as it is located in the north-central region of South Carolina and serves residents of the York, Lancaster, and Chester tricounty area. North Central's 34 staff members provide primary health care, nutrition education, screening and treatment of sexually transmitted diseases, family planning, and OB/GYN services to its roughly 6,300 patients. Located 20 miles from Charlotte, North Carolina, the health center serves a unique mix of residents. The majority of its clients live in the small city of Rock Hill, but many others live in the more rural reaches of the area. The medical center's caseload is equally divided between White and Black clients, almost all of whom speak English.

North Central started seeing patients in June 1992. At the request of the South Carolina Department of Health and Environmental Control, the health center absorbed the prenatal care program from the York County Health Department in the fall of 1993. Once the health center began caring for pregnant women in the county, it made sense to also provide WIC services on site. The center applied for and was awarded a State contract to provide WIC services.

The North Central local WIC agency has just one site at the health center. The WIC office operates full time and is located next to the perinatal department. Five staff—the director, a nutritionist, a nurse, and two clerks—serve roughly 1,150 clients each month. Like the health center, the WIC caseload is 48 percent White, 47 percent Black, and has a few Asian and Hispanic clients. WIC serves 90 percent of prenatal clients, 80 percent of postpartum clients, 100 percent of infants, and 60 percent of children served at the health center.

II. Coordination

Since its inception, the WIC program has coordinated with the center on an administrative, operational, and clinical level. In addition to budgetary agreements, their procedures include appointment coordination, regular information sharing, joint training, and an integrated patient record.

A. Policy and Administration

WIC's budget is managed separately from the center's clinical and operational budget. WIC pays the health center's rent based on the square footage used by the program.

The health center nutritionist provides clinical nutrition services for health center patients, as well as nutrition assessment and counseling for WIC participants. The nutritionist typically works about 2-1/2 days a week for the health center and 2-1/2 days for WIC, so the health center pays about 50 percent of her salary and the WIC program supports the other 50 percent of her time. The development of outreach materials is the only exception to this arrangement. To get "more bang for their buck," WIC, prenatal care, and the clinical department each pay one-third of the cost for joint outreach activities.

The health center has two waiting rooms—one for preventive care and one for sick patients. Typically, patients are seen first for prenatal care and well-child checkups and are then routed to the WIC program.

Because the **nutritionist serves both health center and WIC clients,** health center staff have access to her appointment book. Likewise, when conducting outreach at the community hospital, the WIC director will often call the health center to schedule an appointment for infants. An automated appointment system facilitates appointment-making for both primary health care and WIC services.

North Central has **standing meetings** so staff can share information and ideas. The health center is organized into four departments—medical, nursing, finance, and WIC. Weekly management meetings are held to ensure open lines of communication and provide a forum to discuss specific department concerns. The WIC director attends the management meetings and relates upcoming policy changes and activities to other managers, who in turn present updates on their departments. The WIC director also uses this meeting to review the previous month's utilization data and to discuss with her colleagues, for example, why program attendance may be decreasing and how they should work together to rectify the situation.

WIC and health center staff also meet on a regular basis through the **Quality Improvement Committee**—a forum to revisit clinical and educational protocols and procedures and to discuss high-risk or medically complex cases. One of the committee's discussion topics is the ongoing "**clinical measures study**" conducted by the medical director. The study is a systematic chart review that is executed for a number of the health center's programs, including WIC. The WIC program's charts are reviewed biannually to determine if children received their immunizations on time, to check that these immunizations were not duplicated by the county health department, and to determine whether or not WIC staff noted the immunizations referral in the patients' charts.

North Central provides **general staff training** on proper use of forms, treatment procedures, telephone etiquette, customer service, Medicaid guidelines, and new protocols. WIC personnel also receive WIC-specific training through the State and local WIC agency. The health center's executive director and finance director attend the annual State WIC meeting to stay abreast of program changes that may affect their clinic's operations. Likewise, WIC staff participate in health center annual meetings.

Because the health center and WIC have **integrated medical records**, medical and nutrition personnel have access to each other's consultation notes. However, in order to comply with WIC's State confidentiality and reporting requirements, North Central's medical data and WIC data systems are maintained separately. Some aggregate WIC data are entered in the health center's data system on a monthly basis so that administrators can generate joint reports of their utilization patterns.

B. Clinical, Educational, and Social Service Coordination

The health center has also made an effort to coordinate with other programs and agencies in the community so that its clients have access to an array of services. A **Medicaid eligibility worker** from the Department of Social Services is stationed at North Central and regularly sees WIC and health center clients. The York County Health Department also provides a full-time, onsite caseworker to refer clients to housing, food, clothing, and substance abuse programs and services.

First-time patients at North Central are told to expect a 2- to 3-hour appointment, as they will visit the outstationed Medicaid eligibility worker, the health educator, the social worker, the physician, and the WIC program. Health center staff and WIC staff routinely refer clients back and forth. In fact, all health center patients under age 5 are automatically referred to WIC.

North Central and its WIC program have developed **joint protocols** for immunization, prenatal care, dental care, and the timing of child health visits. The WIC program follows State guidelines, of course, but the health center has worked to create a more stringent set of standards in many areas. The protocols are regularly reviewed at the monthly Quality Improvement Committee meetings attended by department heads, including the WIC director.

C. Outreach and Other Community-based Initiatives

WIC staff are an integral part of the health center's outreach team. The WIC director spearheads outreach activities and participates in many others. In general, the health center uses a community-based approach to outreach by partnering with other community agencies and attending health fairs and other local events.

The local hospital in Rock Hill granted the WIC director **hospital privileges to visit maternity patients** and to use the hospital's records and computer system. Every morning, the WIC director goes to the hospital to enroll newborns in the program. The hospital staff take the clinical measurements needed for WIC certification, and the WIC director issues vouchers in the patients' hospital rooms. Anywhere between 2 and 15 clients are signed up each week through the hospital. Clients value this service, as transportation is a barrier to getting their infants signed up for WIC soon after they are born. Because mothers often forget to enroll their infants in Medicaid, the WIC director reminds new mothers to contact the Department of Social Services and provides them with the contact information.

In addition to going to the hospital, North Central staff participate in many health fairs and other community events. WIC staff estimate that they attend about five to six health fairs each year in York County. WIC staff set up an exhibit at the "Best Chance" health fair, which is targeted to citizens 50 years of age and older, in order to conduct outreach with grandmothers of eligible WIC participants. Health center staff also attend the community college's youth program fair and the NAACP's "Youth Summit" held in the local park.

North Central has also made arrangements with the hospital, social services, and county health department to coordinate its outreach to area pediatricians.

III. Perceived Effectiveness of Collaboration

Health center staff are pleased that they have been able to provide a comprehensive, "one-stop shopping" facility for county residents. The executive director commented that "if we didn't have WIC, there would be a great void." WIC staff attribute much of the success of their coordination to the leadership of the health center's executive director. Staff at North Central have made valuable contacts in the community that are helpful not only for WIC but for the health center's medical programs. Clients appreciate that they can receive prenatal care and well-child checkups at the same place where they pick up their WIC vouchers.

When asked what has facilitated coordination in their agency, health center staff believe that "communication is key." They recommended that health center officials, beginning with the executive director, stress the importance of the WIC program to the health center. The WIC director recommended that other WIC programs that are housed within or sponsored by a health center should clearly express their needs to management, "even if it takes more than one trip to the executive director's office" to be understood.

North Central's administration believes that in order for a health center to have a vested interest in building its WIC program, it must hold the WIC contract with the State, as opposed to having another agency's staff collocated a few days a week. Because there are considerable expenses involved in running a separate department such as WIC, a health center must be able to recover its costs. Officials believe that it would be difficult for a health center that had a WIC program on site but did not have the State contract to provide WIC services to break even on its expenditures.

Because there are two WIC sponsoring agencies in York County, North Central officials sometimes feel they are competing for clients, instead of collaborating to improve access and service delivery to county residents. Representatives from North Central reminded us that "not everyone can be in charge" and that to sincerely focus on the needs of the client, agencies must develop trust.

Health center officials also believe that it is more difficult for community health centers to administer WIC programs than it is for local health departments. Because health centers are not part of the State government infrastructure, they are hindered when transacting business with the State WIC Program. One example of how this affects the health center is that while local health departments receive their WIC funds up front, based on their WIC caseload, North Central must first provide services and is then later reimbursed.

To better coordinate WIC and primary health care services, North Central Family Medical Center staff suggest that health service programs first assess the needs of the community and then ask, "Is WIC already there?" If it is, then ask, "Is WIC meeting the needs of the population?" If it's not, then find out if there are funds and space available to start a new program that does coordinate with primary care or forge new initiatives to promote coordination and collaboration.

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North Central Family Medical Center, Rock Hill, South Carolina

Site Profile

Agencies:
Tribal Health System (WIC sponsoring agency)

Geographic Area:
Northeastern portion of State, rural and urban

Population Served:
6,300 patients a year, primarily Chippewa Indians

WIC Program:
400 participants; 4 staff

Policy/ Administration:
Memorandum of Understanding; integrated data system

Clinical Coordination:
Coordinated Nutrition Education Plan

Outreach:
Health fairs

Special Initiatives:
Anemia Committee

Fond du Lac Human Services

Cloquet, Minnesota

I. Background Information

Ambulatory medical services are provided by Fond du Lac Human Services at two sites: Min No Aya Win Human Services Center on the Fond du Lac Reservation and the Center of American Indian Resources in Duluth. "Min No Aya Win" is an Ojibwe collective expression of wellness, meaning "All of us are feeling good." The Min No Aya Win Human Services Center, located on the Fond du Lac Reservation in northeastern Minnesota near the city of Cloquet, is a tribal health center dedicated to that mission of wellness. Approximately 1,700 Chippewa Indians live on the reservation. Min No Aya Win has a total of 161 employees, about 60 of whom are primarily responsible for providing health services to the more than 6,300 patients the center sees annually. Fond du Lac Human Services also administers health care services to an additional 1,700 Indians in Duluth.

The Fond du Lac WIC Program also has two locations: the Center of American Indian Resources in Duluth and the Human Services Center in Cloquet. Located in the city, the Duluth site serves Native American urban dwellers. The other WIC site is collocated with the rural Min No Aya Win Human Services Center on a part-time basis. Like the Human Services Center in Cloquet, the WIC program serves an almost exclusively Native American population in urban and rural southern St. Louis and Carlton Counties. In contrast with Fond du Lac Human Services, the Fond du Lac WIC Program has a small staff consisting of just four members: three nurses and one nutritionist, all of whom work part time. The total full-time equivalent is less than one.

II. Coordination

The Human Services Center in Cloquet and the Fond du Lac WIC Program came together to try to increase health center and WIC program participation, as well as to try to better coordinate the care that patients were receiving.

A. Policy and Administration

The two agencies share a fairly detailed memorandum of understanding that outlines several things, including:

- services that will be provided;
- goals and objectives of the programs;
- certifying guidelines for the WIC program; and
- local referral policy.

The health center and WIC program have a **unified management structure,** which allows them to coordinate their budgets for specific activities such as nutrition education. Fond du Lac Human Services and the WIC program also share a dietitian, two public health nurses, an LPN, and blood work equipment. The dietitian position is jointly funded between the health center and WIC.

Fond du Lac Human Services coordinates its medical and WIC activities in many areas. While patient records are not integrated, **WIC and medical staff share height, weight, and hemoglobin measurements** so that these assessments do not need to be repeated. The programs coordinate appointments for clients.

Fond du Lac Human Services and the WIC program share an **integrated data system**, which allows them to review data together. They've used this information to make changes in service delivery. For instance, data revealed a high incidence of anemia among WIC patients. So, they devised procedures to identify those patients and refer them for followup care.

Finally, the Fond du Lac Human Services and WIC staff actively participate in the development of each other's activities. Fond du Lac Human Services provides input into the annual WIC Nutrition Education Plan and integrates WIC goals into its own annual service plan.

B. Clinical and Educational Coordination

Both programs make intra- and interagency referrals. Patients are given verbal and written referrals and walk-in patients are referred between the agencies as necessary. The staff also call each other to make appointments for clients. Both agencies use specific criteria for referring patients, and there are guides that exist to help staff determine when and where referrals should be made.

Both Fond du Lac Human Services and the WIC program share **common protocols in the areas of education and nutrition**. As a way of reducing Fond du Lac's anemia rate, all children between the ages of 9 months and 5 years of age identified with a hemoglobin measurement below a certain level are rechecked at the next clinic visit. Two policies are in place to solidify this practice: hemoglobin measures taken at WIC appointments are entered into the primary care computer system within 1 week; if a child has a hemoglobin reading below a certain level, he or she is referred to a provider for a retest and/or iron supplementation.

Led by an ad hoc committee, the programs all worked together to **reduce the occurrence of anemia** in the Native American population of pregnant women and children from birth to age 5. The anemia committee consisted of a doctor and nurse practitioner from the health center, an MCH nurse, a school nurse, a public health nurse, and the WIC coordinator. They met at least two times per year to set procedures for the clinics, worked to reduce the overall rate of anemia, established procedures for patient education, and established procedures for followup.

The health center and WIC program ensure that the services they provide are culturally and linguistically appropriate by conducting **cultural competency training for staff**. Since nearly all of the clients speak English, interpretation services are generally not necessary.

Additionally, Fond du Lac Human Services, in particular the WIC program, has conducted a number of **patient satisfaction surveys** that explore patients' feelings about the services they receive, the helpfulness of staff and the information they receive, topics on which they would like more information, and any changes they would like to see.

C. Outreach and Community-based Initiatives

WIC and medical staff at the Fond du Lac Human Services Center jointly conduct many outreach efforts, working together to develop newsletters and pamphlets and to coordinate health fair activities. Fond du Lac is also engaged in the "Baby Bunting" wellness program designed to promote healthy mothers and babies. Expectant families and parents of newborns can earn points for a variety of health education/promotion activities, such as attending parenting classes, breastfeeding, making and keeping well-baby and WIC appointments, and meeting the immunization schedule. Parents may then use these points to "purchase" items for their babies, such as baby clothes, diapers, and toiletries. The Reservation Business Committee provides funds to support this program.

Additionally, Fond du Lac Human Services has community health representatives who provide a wide range of services to eligible community members, including advocacy, referral services (e.g., scheduling appointments for clients), and providing transportation to WIC and medical appointments.

III. Perceived Effectiveness of Collaboration

Fond du Lac Human Services' staff have expressed a great deal of enthusiasm for their coordination effort. They attribute their success to the mutual respect and professionalism shown by the staff of both programs. One true mark of success is that the staff do not distinguish themselves as "WIC staff" or "health center staff," but rather just as staff serving patients.

This collaboration has resulted in improved outcomes for clients, particularly in the area of decreased anemia rates. Many of the activities that have made this coordination effort successful, including sharing of staff, sharing protocols, coordinating clinical activities, and providing input into each others' plans and goals are relatively easy to replicate.

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Fond du Lac Human Services, Cloquet, Minnesota

Site Profile

Agencies:
C/MHC and WIC local agency

Geographic Area:
Rural south Texas

Population Served:
55,000 patients per year, predominantly Hispanic farm workers

WIC Program:
52,500 participants; 167 staff

Policy/ Administration:
Memorandum of Agreement

Clinical Coordination:
Shared clinical protocols for special populations

Outreach:
Employers; mobile van in colonias

Special Initiatives:
Adolescent parenting program

Hidalgo County WIC Program/ Hidalgo County Health Care Corporation

Pharr, Texas

I. Background

The Hidalgo County Health Care Corporation (Hidalgo County HCC) is a community and migrant health center that provides dental services, nutrition education, OB/GYN care, mental health services, family planning, well-child care, and pediatric and family medicine. Hidalgo County HCC's main site is located in Pharr, Texas, a small city with a population of about 35,000. The health center also has a site in nearby Edcouch. Almost all of the Hidalgo County HCC clients are Hispanic, and roughly 20 percent are migrant farm workers. The majority of clients seen at the Hidalgo County HCC are previous migrant farm workers who have "settled" out of the migrant stream and now live in rural, impoverished "colonias" in the county. The housing conditions in the colonias are extremely poor—roads are unpaved, two to three families share a dwelling, and some families do not have running water.

The Hidalgo County WIC Program has 167 staff and 24 clinics scattered across the county. Two of these clinics are collocated with the Hidalgo County HCC sites in Pharr and Edcouch. Four WIC staff—one nutritionist, two clerks, and the breastfeeding peer counselor—work at the Pharr site 40 hours a week. Two WIC staff (a nurse and a clerk) are collocated at Edcouch 2 days a week. The WIC caseload is 650 participants in Pharr and 120 in Edcouch.

II. Coordination Effort

Due to a lack of transportation, many women and children who were eligible for WIC were not receiving services. Officials at the Hidalgo County WIC Program knew that the attendance rates did not reflect the true need in the community. At the same time, the Hidalgo County

HCC saw a significant number of families who were eligible for WIC but were not obtaining WIC services from the county WIC program when referred. Both organizations rapidly reached the same conclusion—in order to increase utilization of services, health center and WIC services had to be collocated. The coordination effort between the Hidalgo County WIC Program and the Hidalgo County Health Care Corporation has been operating for 1-1/2 years. Clients can now obtain WIC services at the two health center sites.

A. Policy and Administration

The WIC director and the executive director of Hidalgo County HCC meet on a monthly basis to review their Memorandum of Agreement (MOA) and to plan for the coordinated delivery of services. Though agency funds are not shared between the two organizations, both WIC and Hidalgo County HCC officials realize the importance of providing cost-effective services that meet patients' needs.

The relatively new collaboration effort has resulted in an ever-strengthening working relationship between the two agencies. WIC is now involved in the planning and development of a new site for Hidalgo County HCC, where the WIC program will be integrated as a full-fledged department in the health center.

Both programs maintain **separate patient records.** However, their MOA allows WIC and health center staff to **share clinical information**, particularly if a patient is high risk. Staff also make a concerted effort to share medical histories for pregnant clients. To comply with patient confidentiality guidelines, clinical information is shared only between relevant clinicians and WIC staff. Patients are asked to sign an information release form that gives WIC staff access to their medical history.

B. Clinical and Educational Collaboration

At the two collocated sites, the WIC program and the health center have devised various coordination procedures, including coordinated appointments, shared protocols, and coordinated nutrition education. The WIC program coordinates all WIC appointments with well-child care, prenatal, and routine OB/GYN appointments to ensure that patients can receive all needed services in one visit.

The two agencies also coordinate on immunization and referral policies. They have instituted a joint policy that walk-in patients are not given immunizations. This policy was adopted to encourage parents to utilize services on a regular basis, instead of in a haphazard manner and only in emergency situations.

Due to the increase in the number of pregnant women attending the WIC clinics at the Hidalgo County HCC sites, WIC staff have made a concerted effort to make systematic referrals to Hidalgo County HCC's prenatal care department. To support their efforts, the health center's prenatal coordinator works with WIC staff to ensure that all pregnant women receive timely and seamless service.

Health center and WIC staff also collaborate on the information offered to patients during nutrition education counseling. The Hidalgo County HCC and WIC nutritionists cover different nutrition education topics when counseling clients. The topics covered are recorded in the patient's medical record and discussed at joint meetings of WIC and Hidalgo County HCC nutritionists.

All staff at both agencies are **bilingual in Spanish and English**. WIC staff ensure that materials are culturally appropriate and available in both English and Spanish. When developing and reviewing educational materials, staff are sensitive to the various Spanish dialects spoken by Mexican and Central American clients, and when providing nutrition education, they keep in mind the differing food preferences among their Spanish-speaking clients. All WIC educational materials are developed at a low literacy level. The WIC program relies upon the health center's outreach department to solicit client feedback on materials. The agencies also developed special educational and outreach materials for adolescents and migrant farm-worker clients.

C. Outreach and Community-based Initiatives

The Hidalgo County WIC Program and its partner health center work on a number of outreach activities together, including media events, community-based education, and one-on-one outreach in the rural colonias. The Hidalgo County HCC and the Hidalgo County WIC staff hold a quarterly joint meeting to coordinate their many outreach activities and reduce duplication.

Using the WIC program's **mobile van**, 3 WIC staff go to some of the 1,000 colonias scattered throughout the county, distributing leaflets and providing nutrition education, counseling, and immunizations. They try to visit at least one colonia each day where they conduct various WIC services in the van. Occasionally, the WIC breastfeeding peer counselor accompanies the team to offer **breastfeeding education**. Recently, an Hidalgo County HCC pediatrician joined the team conducting outreach in the colonias. The pediatrician also operates a well-baby clinic twice a month in the most populous region of the county.

To buttress their traditional outreach activities targeted to families living in substandard conditions, the two agencies collaborated to produce outreach materials, including a TV commercial advertising the WIC mobile clinic and services available in the colonias.

The programs' jointly staffed outreach team is conducting a needs assessment of the families in the colonias during home visits. This information will be used to develop and modify services.

Interagency collaboration has revealed that Hidalgo County adolescents have some unmet needs. To address these needs, WIC started an **adolescent parenting program** in each of the county's school districts. The curricula includes infant feeding and nutrition education. Health center staff participate in the educational classes as needed. WIC staff distribute WIC vouchers to adolescents during these classes so that they don't have to miss class to pick up their vouchers at the clinic.

The Hidalgo County WIC Program also conducts targeted **outreach to employers in the private sector**. In particular, the WIC program established an ongoing nutrition education class at an area manufacturing plant that employs WIC-eligible women. While WIC conducts the educational sessions, the health center advertises these sessions by discussing the classes with women who work at the plant.

III. Perceived Effectiveness of Coordination

According to agency officials, the coordination effort has unfolded smoothly. They describe the coordination as "a good merger that's beneficial for both agencies." As they focus on meeting common goals, they've seen a tremendous increase in teamwork. And they're seeing results: More clients are utilizing services, 36 percent more pregnant women are obtaining first trimester prenatal care, 200 children have been immunized, and high-risk women and women with gestational diabetes are obtaining quality, coordinated care. Since the effort has begun, 650 new clients have enrolled in the WIC program at Hidalgo County HCC.

While the WIC program has outgrown the space originally provided by the health center, this problem should be solved when the new health center site opens. In the meantime, the WIC program is holding educational sessions in the evenings and on weekends to make services more accessible to clients.

Staff at both programs feel positive about the coordination and report that clients seem happier with the change, as they receive prompt attention for their medical and nutritional needs. Hidalgo County HCC officials believe their agency has benefitted from WIC's

extensive peer outreach and by the fact that WIC has encouraged them to venture into the use of media to promote health center services. The coordination process has also made health center staff aware of the importance of targeting their significant adolescent population with unique outreach and educational activities.

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Hidalgo County WIC Program Mobile Van, Pharr, Texas

Site Profile

Agency:
CHC (WIC sponsoring agency)

Geographic Area:
Urban portion of Kansas City

Population Served:
16,000 patients a year, ethnically and racially diverse population

WIC Program:
1,700 Participants; 6 staff

Policy/ Administration:
Jointly funded staff with dual roles; Quality Assurance Committee

Clinical Coordination:
High-risk care plans

Outreach:
Child care programs; churches

Special Initiatives:
Outreach to methadone clinic

Samuel U. Rodgers Community Health Center

Kansas City, Missouri

I. Background Information

Located in the northeastern part of Kansas City, Missouri, Samuel U. Rodgers Community Health Center targets a service area of approximately 70,000 residents. The center offers a full range of medical, dental, and public health services. Special initiatives include the provision of well-child care at three school-based clinics and sponsorship of a methadone maintenance program. With a staff of 179, the health center offers comprehensive health services to approximately 16,000 patients every year. The center serves a diverse population, as 45 percent of the patients are Black, 20 percent are Hispanic, 18 percent are White, and 11 percent are Asian.

The health center sponsors the WIC program, and WIC services are fully integrated into the overall delivery system. One person manages the health center's nutrition department and the WIC program and is charged with coordinating activities between WIC and the health center's nutrition services. WIC is located near the health center's other services, enabling WIC and clinical staff to develop close links.

Like the health center, the WIC program serves a diverse population that includes Haitian, Russian, Somali, Vietnamese, Bosnian, Kurdish, Ethiopian, and Rwandan clients. Because the health center is located near a refugee resettlement center, the ethnic composition of clients is always in flux.

II. Coordination

WIC has been collocated with the health center for the past 10 years and has been sponsored by the health center for the last 2. The WIC program and the health center began to better coordinate their services because many women seen in the health center who were WIC eligible

were not enrolling in the program or receiving its benefits. Samuel U. Rodgers' staff approached the State WIC program to facilitate the integration of WIC as a part of the health center. The health center subsequently became the sponsoring agency for the WIC program on site. WIC's integration into the health center was an outcome of the center's effort to provide the most comprehensive and seamless care possible. To emphasize the importance of WIC, the program was designated as a department within the health center and is therefore involved in all planning and management decisions made by the organization.

A. Policy and Administration

The health center's nutrition department and the WIC program enjoy close coordination because they are **managed by the same individual**—the nutrition manager, a position jointly funded by WIC and the health center. This arrangement diminishes the opportunity for duplication in the area of nutrition education and counseling. Another jointly funded position, that of perinatal nutritionist, also facilitates the seamless delivery of health and nutrition services to patients.

Other strategies include the coordination of WIC and prenatal appointments for pregnant patients, as well as the creation of an integrated patient record system. These strategies allow pregnant women to access many important services in one visit and give staff the information needed to provide and coordinate quality care.

The **Quality Assurance Committee** focuses on all agency clinical activities. WIC staff sit on the committee, which permits the sharing of information across organizational and program lines. Together the committee focuses on the development and implementation of clinical indicators to monitor the effectiveness of various interventions.

B. Clinical Collaboration

WIC and the health center work jointly on a number of clinical issues. Screening and assessment procedures are coordinated between WIC and the health center, as WIC and the health center use the same assessment and screening tools and laboratory protocols.

WIC has also developed a **"high-risk care plan"** to guide WIC staff on referral practices for health services. For example, if a child is seen at the health center twice with low hemoglobin, he or she is automatically referred to a pediatrician for further investigation.

Departments within the health center also coordinate efforts in the area of **patient education**. For example, the WIC program and dental department work together to provide health education related to baby bottle tooth decay. The WIC department supports

the effort by providing health center patients with "free" coupons to have their children screened at the dental clinic. The dental clinic staff pick up on this theme by providing services to children with baby bottle tooth decay beginning at the age of 6 months.

C. Outreach and Community-based Initiatives

Outreach for all health center services, including WIC, are coordinated through Samuel U. Rodgers' **Health Promotions Department**. This helps ensure that outreach messages are mutually reinforcing. Staff from both the health center and WIC conduct outreach for all center services at local grocery stores, child care centers, laundromats, and other community gathering sites. WIC and health center staff attend church meetings and social events to offer cholesterol and diabetes screenings and inform participants of services available at the health center. Each year, Samuel U. Rodgers organizes a large health fair in conjunction with the Jackson County government, offering prevention information, health screening, and nutrition education.

Special outreach is also targeted to vulnerable population groups with **behavioral or substance abuse problems**. WIC staff participate in a substance abuse support group at the methadone clinic, offering information and advice on health and nutrition and encouraging participants to share this information with their families. The health center's Mental Health Program recently initiated services for victims of domestic violence by forming a support group. WIC staff periodically attend the group to encourage women to use the health and nutrition services available at the health center.

III. Perceived Effectiveness of Collaboration

Health center staff believe that integrating services has created an openness that has helped them work together to meet the community's needs. The WIC caseload has steadily increased, with patients expressing higher levels of satisfaction with services. The State Department of Health has documented decreases in the rate of anemia among children, and WIC and the health center are meeting their targets for weight gain in children and pregnant women. The health center administration is extremely enthusiastic about coordination and has a strong commitment to sustaining these efforts.

The Samuel U. Rodgers Community Health Center coordinates its comprehensive health services with WIC and other community services to provide a seamless system of care. The experience of this health center demonstrates the importance of a commitment to coordination at all administrative and clinical levels.

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Samuel U. Rodgers Community Health Center, Kansas City, Missouri

Site Profile

Agency:
C/MHC (WIC sponsoring agency)

Geographic Area:
Rural, 11-county area in western part of State

Population Served:
7,232 patients a year, about half White and half Hispanic

WIC Program:
1,540 participants; 9 staff

Policy/ Administration:
Combined Service Plan; Continuous Quality Improvement Committee

Clinical Coordination:
Cross-trained staff; coordinated appointments

Outreach:
Peer outreach

Special Initiatives:
Outreach to Lakota children

Panhandle Community and Migrant Health Center

Gering, Nebraska

I. Background Information

Panhandle Community Services (PCS) is a community action agency that administers the Panhandle Community Health Center (PCHC)—a community and migrant health center funded under Section 329 and 330—and its WIC program in Gering, Nebraska. The PCHC's 70 full-time employees and 4 part-time employees served 7,232 health center clients in 1998. The center provides dental, maternal and child health, nutrition education, sexually transmitted disease screening and treatment, HIV counseling and testing, OB/GYN care, family planning, pediatric and family primary health care, and well-child care to low-income residents of Nebraska's panhandle. The health center screens and refers clients who need substance abuse and/or mental health services. PCHC also administers specialty clinics for diabetes education and treatment and migrant health satellite clinics, as well as conducts an annual clinic for children with special health care needs. The center has been described by one of its employees as striving to be the "Walmart of health care."

PCHC serves a rural, ethnically diverse, low-income population in the far western portion of the State. Six of the 11 counties served by PCHC have median household incomes below the State average income of $29,038. White clients account for 51 percent of the patient caseload, and Hispanics account for 43 percent. Of the remaining 6 percent of clients, 5 percent are Native American and 1 percent is divided equally between Blacks and Asians. The primary languages spoken by PCHC clients are English and Spanish. The Native American population is largely Lakota, and many of the members of the Lakota tribe speak Sioux.

The WIC program currently serves seven counties in the Panhandle and an additional four "out-of-town" clinics with traveling distances of up to 100 miles one way. The WIC program is funded for an estimated caseload of 1,698 participants, though the program currently averages between 1,450 and 1,500 participants each month.

II. Coordination

The State of Nebraska's Health and Human Services System (HHSS) served as the catalyst for the integration of WIC with health care services at PCHC. Because local health departments are located in only 18 of Nebraska's 93 counties, the State relies heavily on nonprofit agencies like Panhandle Community Services to provide public health services. In 1995, after identifying a need for improved coordination of community public health services to reduce service duplication and improve cost effectiveness, the Nebraska HHSS developed the concept of a **Combined Service Plan (CSP).** CSP is a grants management model that assists local health agencies in delivering a "one-stop shopping" approach to consumers of their health services. The model promotes the collocation of multiple health programs in an effort to facilitate the integration of public health services. The consolidated grant process tracks and accounts for each program's funds separately. WIC funds are only used for WIC-specific allowable costs or for WIC's fair portion of shared allowable costs.

The HHSS, in an effort to do away with duplicative grants management practices at the local level, incorporated eight Federal funding sources into one grant at the State level. The eight funding sources are the:

- Commodity Supplemental Food Program (CSFP)
- Immunization Action Program (IAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Title V, Maternal and Child Health (MCH)
- Title X, Reproductive Health Care Program (RHCP)
- Childhood Lead Poisoning Prevention
- HIV/AIDS Counseling and Testing
- Diabetes Prevention Program

PCS received a noncompetitive Request for Application from HHSS to test the CSP model because the agency was already providing services under four of the above-mentioned funding streams. The grant award was made to PCS effective July 1, 1995, to June 30, 2000.

Coordination of services occurs on many levels at the health center. Client appointments are coordinated to improve compliance and reduce the time that clients must spend at the health center. PCHC **staff are cross-trained** to perform a number of activities. WIC and health center records are integrated into one patient chart. Nutrition education materials

are created jointly by health center and WIC staff to ensure that clients are receiving **culturally appropriate services**. When necessary, the health center provides an interpreter for Spanish-speaking clients. The health center and WIC staff also conduct joint outreach activities in the seven-county service area.

A. Policy and Administration

When a potential client calls the center for an appointment, a customer service representative (health center employee) processes the request. The client's income level is identified and, depending on need, the client is referred to one or several of the health services offered. All pregnant, low-income women are automatically referred to WIC. Appointments are coordinated so that a mother may make a well-child appointment, a women's health appointment, and a WIC recertification visit all on the same day.

All PCHC staff are hired on the basis of their ability "to see the big picture" and their willingness to be cross-trained to handle health center and WIC issues. The staff receive **joint training** and work on clinical teams that include WIC and health center staff. Clinic resources are shared so that patient hematocrits can be completed at a well-child check by clinic staff and also used for a recertification visit by WIC staff.

B. Clinical Coordination

PCHC clients have only **one medical record** that contains both health center and WIC information. At the initial visit, clients are asked to sign a form indicating that they give their permission for their health records to be shared among the PCHC staff. All contact notes and services are included in this record (with the exception of dental records) so that each health practitioner (including the WIC nutritionist) has access to all information for every client. The exception to this policy is HIV status, which is not shared among staff. Data from the health records are then entered into a database and used for service planning. For example, outreach activities targeted to Lakota children were implemented as a result of data that showed that few Lakota children were receiving WIC services.

C. Outreach and Other Community-based Initiatives

Because 50 percent of the PCHC staff are Hispanic and bilingual, many services are conducted in Spanish. Health and nutrition education materials are evaluated for **cultural and linguistic appropriateness** by the health center's Continuous Quality Improvement Committee. The board of the health center is comprised of residents of the service communities and health center clients. This Consumer Board helps to plan and develop culturally appropriate services and materials.

Outreach activities are inter-related so that a clinic nurse or dietitian is equally prepared to explain WIC eligibility and recruit for the various health center services. The client base itself has become instrumental in conducting outreach by referring neighbors and extended family members to the health center.

III. Perceived Effectiveness of Collaboration

Both the health center and the WIC director report that as a result of this joint effort, clients are better educated and able to access more health resources. A comprehensive evaluation of the impact of CSP on WIC participants' health outcomes revealed an increase in the proportion of pregnant clients entering the WIC program during their first trimester and slight improvements in ideal weight gain, smoking cessation, and the initiation of breastfeeding (Gaber and Gaber 1998). In addition to these scientific findings, staff say that clients like the "one-stop shopping" approach and the "Walmart of health care" concept. Client surveys indicate that client satisfaction is very high, and as we know, satisfied clients are the best way to reach out to potential new clients.

There have been, however, some bumps in the road along the way. Some duplication of activities still exists. Staff report that they sometimes feel stretched too thin—the clinic is always busy, and the paperwork can be overwhelming. The situation could be eased, according to both directors, if WIC did not require a separate patient registration form. Because the State's WIC data system is not always compatible with the clinic's system, registration information must sometimes be entered twice.

However, both WIC and health center staff agree that having the State take the initiative in facilitating integration of WIC and health services is a good way to get the process moving. Hiring staff who are flexible and want to cross-train and share resources also helps.

Overall, the commitment of management to spend time in cross-training the staff and setting up integrated clinical protocols is giving clients an array of needed services, delivered in the most user-friendly way possible.

The University of Nebraska is conducting an ongoing evaluation of the integration effort at the Panhandle Community Health Center. Professors John Gaber and Sharon Gaber can be reached at (402) 472-4378 for additional information.

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Reference

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Panhandle Community and Migrant Health Center, Gering, Nebraska

Site Profile

Agency:
C/MHC (WIC sponsoring agency)

Geographic Area:
10 counties in rural San Luis Valley

Population Served:
32,000 patients a year, about half White and half Hispanic

WIC Program:
1,275 participants; 8 staff

Policy/ Administration:
Joint goals and objectives; coordinated budgeting; shared records

Clinical Coordination:
Shared clinical and nutritional protocols

Outreach:
Screenings in migrant farm-worker camps

Valley-Wide Health Services, Inc.

Alamosa, Colorado

I. Background Information

Valley-Wide Health Services operates federally funded community health centers and migrant health centers in a predominantly rural and frontier area of southeastern Colorado known as the San Luis Valley. Valley-Wide Health Services, Inc., serves 32,000 residents per year in a 10-county area. More than 200 health center staff members provide a variety of services including primary health care, dental care, mental health, and occupational health services, as well as several support services to a predominantly Hispanic (50 percent) and White (50 percent) client population.

WIC is fully integrated into Valley-Wide Health Services as a part of the support services department. WIC clinics are operated at four Valley-Wide Health Services' centers throughout the San Luis Valley. The WIC clinics at the various sites are all located on the same floor and in the same space as the health services, with the exception of one, which is located in an adjacent building. As with the health center, Hispanics comprise 50 percent of the WIC clientele and Whites comprise 50 percent.

II. Coordination Effort

In order to address the complex needs of a growing migrant population and to prevent duplication in community service programs, Valley-Wide Health Services contracted with the State to start WIC programs in Alamosa and Saguache Counties in the late 1970's. State WIC staff and a community health center dietitian were instrumental in identifying the need for the initial WIC clinics. Seven additional WIC clinics evolved from the success of the Alamosa and Saguache County clinics.

A. Policy and Administration

Since the WIC program has been integrated not only into the locations but also the structure of the Valley-Wide Health Services' organization, no Memorandum of Agreement exists. There are, however, written goals and objectives for the coordination efforts in areas such as screening pregnant women for WIC, encouraging breastfeeding, and referring eligible clients to the WIC program.

The Valley-Wide Health Services' controller meets with each department director to review their respective program's budget, and all programs participate in a group review and development process with other departments/programs in the organization. Therefore, all programs under the Valley-Wide auspices benefit from a central fiscal auditing process.

The WIC staff's identification of themselves as Valley-Wide Health Services' staff who work in the WIC program demonstrates the extent to which WIC is integrated within the Valley-Wide Health Services' organization. Although the WIC program budget only allowed for a part-time dietitian, a staff member was hired full time and shared with other departments to provide services, such as individual nutrition counseling, to other programs. Other staff are shared on an informal ad hoc basis, as well, in order to provide coverage for services and activities.

Valley-Wide Health Services has developed a number of coordinated administrative functions, which start at the planning level. Health center administrators meet monthly with program managers from all programs to discuss activities, services, and staffing needs. Determinations of **shared positions**, such as a registered dietitian and nutrition educator is one outcome of such planning meetings. In addition to the monthly meetings, **joint staff training** occurs about twice per year on a variety of topics which have included safety, communication, stress management, and breast-feeding. Leadership for planning and implementing the training rotates among various departments of the center depending on the topic presented. Communication between programs continues on a more informal basis as well. Staff utilize ad hoc meetings to follow up on referrals and mutual clients in an effort to avoid duplication and fragmentation of services.

WIC and the health center do not have an integrated data system, but data are shared between departments and are used to make changes in service delivery. For example, client addresses are tracked and administrators use this data to determine locations for new service sites based on areas from which increasing numbers of clients are coming. WIC and the health center also share an automated appointment system.

Appointment coordination is recognized as particularly important for clients for whom transportation is an issue since these clients may find it difficult to return for separate visits. Coordination of screening procedures also occurs between WIC and Valley-Wide Health Services so that repeat hematocrit screening or height and weight measurements are not required.

B. Clinical and Educational Services

WIC and the health center staff **share common clinical, nutritional, and educational protocols.** The protocols have been developed jointly among health center staff, including WIC, through their participation in committees structured to gather protocol input. Clinical collaboration also occurs in the form of routine referrals between programs. Established criteria and written guides/manuals have been made available to both WIC and health center staff to assist them in making referrals between programs. Staff call between the programs to make appointments for clients or walk the client to the program as part of the referral process. Referrals are also commonly made through the use of referral slips, which then remain in the chart as documentation.

Valley-Wide Health Services aims to reduce fragmentation and duplication of educational services through **joint planning of the prenatal and well-child program materials.** Several mechanisms have been put in place to ensure that materials are appropriate for clients' needs. Committees have been established to review educational materials for cultural appropriateness. In addition, a computerized literacy program assesses the literacy level of program materials. Moreover, staff trained in cultural competency provide a final review of materials before they are distributed to clients. Valley-Wide Health Services has the added advantage of a staff that is primarily (70 percent) bilingual with many who are bicultural as well.

C. Outreach and Community-based Activities

All Valley-Wide Health Services' outreach includes WIC outreach. The health center's patient handbook, newspaper supplements, and printed advertisements all include information regarding the WIC program, as does the recorded message that plays when clients are placed on hold on the main phone line of the center. Case managers and physicians have WIC posters in their offices and waiting rooms, and WIC is included in health center brochures and on posters that are distributed to grocery stores, social services' offices, and laundromats. Health center staff conduct migrant camp screenings on a regular basis that include WIC outreach activities where appropriate (i.e., if camp includes women and children).

Valley-Wide Health Services is committed to listening to the community it serves. Community members comprise the organization's board of directors, and client feedback is solicited regularly through client satisfaction surveys. Valley-Wide staff are also encouraged to participate in community forums. They're currently involved in organizations such as the Migrant Coalition, Head Start Health Advisory Board, San Luis Valley Nutrition Network, and Child Find, as well as several local community boards.

III. Perceived Effectiveness of Collaboration

Staff at Valley-Wide Health Services believe the coordination effort has been highly effective. Coordination has created a rapport between physicians and other program staff that has led to increased respect for the variety of programs and services that benefit the clients. Valley-Wide has sought to use each expansion of the WIC integration effort as an opportunity to improve services and do things better at each new site. Providing collocated office space has been particularly instrumental in helping WIC become more integrated at each of the sites.

One indication of the success of the integration effort is the number of clients who have sought WIC services at the integrated sites. The WIC caseload has tripled at the health center sites in the past 11 years.

Clinical outcomes are also believed to have improved as a result of the coordination effort. Combined prenatal and case manager coordination services along with other support programs, such as WIC, have yielded improvements in pregnancy outcomes and the incidence of low birth weight. This success is reflected in the attitude of the WIC staff—they are "proud of what is done with the community health centers and proud to work with them."

One barrier Valley-Wide has faced has been a lack of funds to provide more activities and services. Sharing professional staff, such as a dietitian, was particularly helpful in overcoming this barrier, but there are limitations on salaries and hours available.

Another challenging issue has been working with the State WIC office. The expectations of the State WIC program have been established based on years of experience with "free-standing" WIC clinic operations, so obtaining the flexibility necessary for the operation of WIC clinics within another health organization has made for a difficult transition. For example, when Valley-Wide became automated, it was difficult to integrate WIC into the central computer system because the State-required WIC computer system is not compatible with other network systems. To overcome this barrier, Valley-Wide supplied the WIC clinic with a second computer, linking them to Valley-Wide's network and integrated data system, while allowing continued use of the WIC-mandated system.

Integrating WIC into the health clinic and having it participate as "an equal partner" has had great advantages for both the staff and the clients of Valley-Wide Health Services. Staff urge agencies that wish to replicate their coordination model to consider early on in the effort the needs of each program and identify common areas in which collaboration would be useful. This assessment will set the stage for joint planning and service integration efforts that are designed to meet the needs of both programs and clients.

WIC staff also suggest that orientation sessions be offered for all new employees regarding the WIC program and its operations so that they will understand the collaborative effort and better utilize the services available. Most important in replicating this coordination effort is obtaining buy-in from administrators and health center providers. Staff noted that getting the providers and administrators on board is essential to making the effort a success.

IV. Contact Information

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Valley-Wide Health Services, Alamosa, Colorado

Site Profile

Agency:
C/MHC (WIC sponsoring agency)

Geographic Area:
Rural area, northwest of Tuscon

Population Served:
5,000 patients a year, 80 percent are White and 18 percent are Hispanic

WIC Program:
1,200 participants; 6 staff

Policy/ Administration:
Interoffice agreement; coordinated budgeting

Clinical Coordination:
Shared protocols

Outreach:
Incentives provided to participants for referring friends to health center

Special Initiatives:
Initiatives targeted to adolescent mothers

Marana Health Center

Marana, Arizona

I. Background Information

Marana Health Center is a full-service health care clinic and community services center located in a predominantly rural area of Arizona, serving Avra Valley, Marana, Picture Rocks, Rillito, and northwestern Pima County. Marana Health Center provides primary health care services, mental health services, occupational health services, and community services. The health center employs roughly 25 staff and sees over 5,000 clients each year. Approximately 80 percent of the clients are White, 18 percent are Hispanic, and 2 percent are Black.

The Marana Health Center sponsors an onsite WIC program. Five satellite centers associated with Marana Health Center also offer WIC services throughout the community. At Marana Health Center, WIC serves over 1,200 people and employs 6 staff: 4 full-time paraprofessionals and 1 full-time and 1 part-time nutritionist.

II. Coordination

Before WIC became integrated into the Marana Health Center, clients had to travel into Tucson to be certified. Once a month a WIC staff member came to Marana Health Center to distribute vouchers. The distance to the WIC program and the limited availability of services severely deterred a number of people from enrolling in WIC. In fact, throughout Marana Health Center's service area, only 33 people were on WIC during this time. Clearly there was an unmet need in the community for pregnant women, infants, and children to receive WIC services. At a meeting of the Arizona Association of Community Health Centers, the director of Marana Health Center saw a presentation about using community health centers to increase WIC participation. Inspired by the presentation, the director identified a current employee and asked her about her interest in administering a WIC program at the health center. Marana Health Center subsequently responded to a State Request for Proposal to administer a WIC program.

A. Policy and Administration

The Marana Health Center developed and follows an interoffice agreement among the WIC, medical, and administrative departments. The agreement covers collaboration issues, such as sharing of data and patient confidentiality.

Marana Health Center conducts a number of **coordinated service planning activities.** Together, all health center department heads review each department's budget and identify ways to reduce duplication of services. Using this approach, Marana Health Center has identified areas in which to coordinate funds, such as an effort to reduce the incidence of anemia. Departments also share budgets for a number of purchases (e.g., waiting room furniture) and activities (e.g., outreach activities).

Like many of the integrated WIC clinics identified in this handbook as models of coordination, WIC staff think of themselves as Marana Health Center staff first and WIC staff second. WIC and health center staff provide services to aid each other. For example, WIC staff help translate, answer phones, or provide other services as needed. A receptionist and a secretary perform activities related to both WIC and non-WIC services.

WIC and the health center do not have an integrated data system, but data are shared between departments and joint reports can be created. On a monthly basis, department heads meet to review data and changes in service delivery. For example, WIC staff noted that 30 percent of their pregnant participants were under 20 years of age. Together, with the health department, they then assessed their services to determine how to best meet the needs of teenagers.

A key to successful collaboration is good **interdepartmental communication**. Marana holds all-staff monthly meetings, during which staff share information and learn about the operation of and services provided by the various health center departments. Joint staff training also occurs at these monthly meetings. Staff have participated in training on pediatrics, women's health, and customer service.

B. Clinical and Educational Collaboration

WIC staff have been trained and follow guidelines when making referrals to the health center. WIC staff refer pregnant women who are not receiving prenatal care into the **Baby Arizona Program**. Staff also refer children who are ill and do not have a regular health care provider to the medical department for an appointment, as well as to a case manager for an evaluation of the other services that may be available to them. At monthly tracking meetings, staff follow up on referrals. WIC codes the referrals made and follows up on a "tickler" form that is part of the WIC chart.

WIC and the health center staff follow standard protocols for serving clients. In particular, WIC and health center staff share **common clinical, educational, and nutritional protocols.** For example, WIC nutritionists developed a protocol for taking height, weight, and hematocrit measurements, and serving diabetic clients.

Screening procedures are coordinated between WIC and Marana Health Center so that repeat screenings are not required. For example, WIC and medical services at Marana Health Center do not repeat hemoglobin screening or height and weight measurements if they were taken within an acceptable timeframe.

Marana Health Center ensures that **educational services** are not fragmented or duplicated by offering classes on a clinic-wide basis. WIC also shares all educational materials with health center staff, which helps to provide unified educational messages.

Marana Health Center provides **materials in English and Spanish**. The health center also has bilingual/bicultural staff serving in a variety of positions. **Interpretation services** are provided to clients when staff are not fluent in the client's language.

C. Outreach and Community-based Initiatives

All outreach for WIC is conducted in conjunction with outreach for the Marana Health Center. The health center advertises in newspapers, distributes brochures, and relies on old-fashioned word-of-mouth.

Presentations in the community and representation by Marana Health Center at community coalitions help to spread the word about Marana Health Center's services. Staff also conduct outreach at health fairs and a Founders Day event. Some of the health center's outreach activities are targeted to teen mothers and non-English speaking women.

WIC and health center staff also make a point to collaborate with organizations in settings outside the health center. WIC staff serve with health center staff on the Advisory Council for Teenage Parents, the Arizona Association of Community Health Centers, and the Rural Health Partnership—a group of organizations that work together to focus on defining unmet needs and looking for ways to meet those needs.

III. Perceived Effectiveness of Collaboration

Staff at Marana Health Center believe the coordination effort has been extremely effective, as indicated by the high level of client satisfaction. According to staff, client feedback is overwhelmingly positive. Staff believe that because clients are happy with the services they receive, they are more likely to practice the health and nutrition education recommended by health center staff.

One of the greatest benefits resulting from the collaboration is that Marana Health Center has seen a demonstrated increase in WIC participation. In 1984, there were just 33 WIC participants; now it has over 1,200! Cost savings has been another benefit. Staff said, "The cost of putting out a brochure saves money when resources are shared...and not replicating height or weight saves money."

Marana Health Center staff believe that coordination is more likely to occur when it has the full support of all staff from receptionists to administrators. Staff also suggest that the WIC department and medical departments cannot be territorial if they want coordination to succeed, and that the key to overcoming challenges is communication and compromise.

This effort has had its challenges. Marana Health Center WIC staff were particularly frustrated by the sluggish pace of the health center's data system compared to their own. Because the health center's computer system will soon be upgraded, this is not expected to be a long-term problem.

Staff at Marana Health Center believe their interoffice agreement and organizational structure facilitate coordination. Specifically, staff urge health centers that want to sponsor WIC programs to hire a nutritionist who has experience in public health and a strong commitment to being a team player to lead the WIC program.

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Marana Health Center, Marana, Arizona

Site Profile

Agency:
Tribal Health System (WIC sponsoring agency)

Geographic Area:
Three-county area, both urban and rural outside Fresno in the central region of the State

Population Served:
5,982 patients, predominantly Native American

WIC Program:
675 participants; 5 staff

Policy/ Administration:
Joint funding of staff; joint staff training

Clinical Coordination:
Common nutritional protocols

Outreach:
Paraprofessional home visitors

Special Initiatives:
Joint prenatal classes between WIC and the health center

Central Valley Indian Health Center, Inc.

Clovis, California

I. Background Information

Central Valley Indian Health Center, Inc., located in Clovis, California, is a tribal health center sponsored by a consortium of five Native American tribes: Mono of North Fork, Mono of Big Sandy, Mono of Cold Springs, Tachi Tribe, and Chukchanci Tribe. The board of directors for Central Valley is comprised of members elected from each of the tribes. Central Valley provides services to Fresno, Maderio, and Kings County. The service area includes a large, urban area as well as rural areas. The population of the service area is over 550,000 people of whom approximately 12,000 are Native American. The clinic annually serves 5,982 active patients, 87 percent of whom are Native American. Central Valley's main site is located in Clovis, California. Three other medical clinics are located throughout the service area.

Central Valley Indian Health Center offers a full range of comprehensive services, including dental, public health nursing, nutrition education, screening and treatment of sexually transmitted diseases, mental health services, family planning, pediatric care, family medicine, well-child care, optometry, and podiatry. Seventy-four staff are employed by Central Valley Indian Health Center.

Central Valley is the official sponsor of its onsite WIC program, which is administered by the center's nutrition department. WIC is offered at five sites, four of which are medical clinics. WIC services are also offered at an Indian Tribal Office twice a month. The racial/ethnic background of WIC clients varies by clinic. At the main clinic 69 percent of clients are Native American, 15 percent are White, and 14 percent are Hispanic. Five WIC staff work in the WIC clinics, including three full-time nutrition aides, one part-time registered dietitian, and one part-time director, who is also a dietitian.

II. Coordination

About 6 years ago, Central Valley identified a need in the Native American community for WIC services. Staff approached the WIC State office to discuss the benefits of a WIC program specifically provided for Native Americans. At the same time, the California IHS Area Office was also exploring ways to better serve the WIC population. In addition, Central Valley became aware of the USDA mandate to coordinate efforts between health centers and WIC. A meeting was held at Central Valley between State officials and local Native Americans to pursue this objective. Subsequently, Central Valley responded to a request for proposal issued by the California State WIC office. In May 1997, Central Valley Indian Health, Inc., was awarded the contract to provide its own WIC program. They began serving clients in August 1997.

A. Policy and Administration

Central Valley has developed several administrative processes to improve coordination and reduce fragmentation of services. The health center and its WIC program jointly fund the WIC director and nutritionist positions, share limited patient information, conduct quality assurance activities, and train staff on relevant issues.

WIC and health center staff **share patient information** to improve client care. At interdepartmental meetings, health center and WIC staff regularly discuss individual participants. In addition, patients' medical records are available to some WIC staff for official business. Generally, staff request hemoglobin assessments and information needed to determine WIC eligibility. Some information, such as family planning services, psychological assessments, and HIV test results, are not available to WIC staff. Though WIC staff have access to some health center information, the WIC program does not share information with medical staff (e.g., non-WIC staff do not have access to WIC charts).

Central Valley staff conduct **patient satisfaction surveys** every May and November. The survey evaluates each department as well as the overall quality of the services provided by the health center. The results of the survey are forwarded to members of the Quality Assurance Committee, who review the data and subsequently develop action steps in accord with the survey findings.

Staff education and training efforts have also helped to improve coordination. Joint staff training occurs at quarterly all-staff meetings. At these meetings, staff learn about the operation and services provided throughout the health center. Topics include safety in the workplace, fetal alcohol syndrome, immunization updates, prenatal care, nutrition education, and domestic violence. Joint staff education also occurs through training memorandums and at interdepartmental staff meetings. In addition, the director of nutrition attends monthly management meetings and shares information with her staff.

B. Clinical and Educational Collaboration

Central Valley staff strive to ensure that clinical services are coordinated and that both WIC and medical staff are working towards the same goals. To accomplish this coordination, Central Valley staff refer clients between programs, use the same protocols, schedule joint appointments when possible, and review materials and curricula for cultural competency and reading level.

WIC follows standard protocols for serving WIC clients and specific protocols for serving children enrolled in the **Children's Health Disease Prevention Program** (preventive health services for children). Common nutrition protocols have been developed by the director of nutrition and are shared between WIC and health center staff. In addition, hemoglobin and height and weight measurements are performed by the medical department and shared with WIC staff so that repeat screenings are not required.

Referrals are commonly made between WIC and other services at the health center. Because WIC is integrated with the health center, referrals are somewhat informal. WIC staff provide clients with information and any assistance required to make an appointment at the health center and refer Native American clients to Central Valley Indian Health, Inc. Referrals from WIC are documented in ISIS, California's WIC computer software program.

The health center refers infants, children under 5 years of age, and pregnant women who meet the income criteria for WIC. In addition, community health representatives —paraprofessional outreach workers—inform WIC staff about clients who are having problems related to infant feeding and nutrition. Referrals from the health center are documented in clients' charts and followup is conducted on a selective, informal basis.

As much as possible, WIC and the health center coordinate appointments so that participants can receive both WIC and other services in the same visit or at about the same time. At outlying clinics, coordination is facilitated by ensuring that WIC staff are present when physicians and nurse practitioners who care for pregnant clients are on site. Central Valley has also developed a process to facilitate client enrollment in **MediCal, California's Medicaid program**. A county MediCal eligibility worker comes to the clinic twice a month to screen clients and enroll them in MediCal.

Staff at Central Valley Indian Health believe that it is important that their services are culturally appropriate to the needs of their clients. The WIC program at Central Valley Indian Health was designed specifically to be an Indian program provided on or near reservations. Cultural competency training has been provided for staff, and they frequently participate in national conference calls related to cultural issues. Many Central Valley staff are Native Americans who reside in the service area. Central Valley

staff evaluate their efforts through a survey that asks clients' opinions on the **cultural appropriateness of services,** and they work with a traditional Indian health committee that reviews educational materials and clinical processes.

To ensure that educational materials are useful for all clients, materials are written at the 8th grade reading level. Materials are also reviewed by each department, the nutrition director, and the board of directors. The center also uses State WIC and IHS materials, which are developed for low literacy audiences.

C. Outreach and Community-based Initiatives

At the time of interviews, the WIC program had reached its State-assigned caseload level, so staff do not spend a significant amount of time conducting outreach. Outreach is primarily conducted by **community health representatives (CHRs)**, paraprofessional staff who are members of the community and trained by the health center. CHRs conduct home visits and provide basic education and intervention including blood sugar monitoring. Through their work in the community, CHRs spread the word about WIC and other services. Though the health center serves a variety of clients, outreach is primarily targeted to Native Americans, in particular those at high risk for poor health. All outreach activities are coordinated between WIC and the health center.

Central Valley, through its board of directors and special initiatives, strives to involve the community in all aspects of the coordination effort. Board members, who are tribal leaders, serve on committees and provide input and guidance to the clinic. In the past, the board has approved protocols and signed a **Memorandum of Agreement (MOA)** with the Children's Health Disease Prevention Program in Fresno County. The goal of the MOA is to improve coordination of services and referrals between programs.

Central Valley Indian Health received a 3-year California endowment grant which provides health education for Native American women. This grant, which ended in February 1999, resulted in the **integration and coordination of prenatal classes** between WIC and the OB/GYN department. The grant encompassed all aspects of women's health, including heart disease, diabetes, and breast cancer. Women from the community organized health education classes and recruited speakers.

III. Perceived Effectiveness of Collaboration

Central Valley staff believe that the coordination effort has been very effective. Having WIC as part of the clinic increases the ease and effectiveness of making referrals both from and to WIC. Sharing services, such as fiscal and administrative support, facilitates the collaboration effort.

One key reason for this success is that the director of the nutrition department was a member of the health center staff prior to the implementation of the WIC program. She was, therefore, knowledgeable about the community, the patient base eligible for WIC, and clinic operations. Staff believe that a brand new staff member would have had trouble gaining the trust of the community.

As a result of the coordination effort, Central Valley has experienced a substantial increase in the number of clients coming to the health center, as well as improved clinical outcomes. In fact, some sites have been overwhelmed with the increase in clients. Many of these new clients are high-risk—a strong indicator of success. Because the clinic offers WIC as well as a variety of medical services, clients can engage in "one-stop shopping." Site staff also believe that the collaboration efforts have resulted in improved services for clients, particularly in the area of nutrition education and infant feeding practices. Of special importance are staff perceptions that clients' infant feeding practices have changed. Before WIC was part of Central Valley Indian Health, staff report that many mothers requested the recipe for using evaporated milk to make "infant formula" because they did not have formula at home. Since WIC has been collocated with the health center, women have access to formula and no longer ask staff how to mix evaporated milk.

Adding WIC services to Central Valley has provided the clinic with some logistical challenges. For example, WIC needed a security system for vouchers and telephone lines to use the ISIS computer system, as well as more space than originally anticipated. These barriers have been overcome by working out each issue in partnership. Also, sharing hematocrits between WIC and medical staff created some logistical difficulties. For example, clients who come to WIC without their hematocrit results must go to the medical service and be seen as a walk-in before completing their WIC appointment. Though clients are informed of the procedures, they often forget. WIC staff and the medical team developed a form and a procedure to help resolve this situation.

Staff reported that if they were to start the coordination effort over again, they would learn more about WIC than they did before starting the collaboration, and they would allocate more of the nutrition director's time to the WIC program, as her WIC duties are time consuming.

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Site Profile

Agency:
C/MHC (WIC sponsoring agency)

Geographic Area:
Rural, south central region of the State

Population Served:
65,000 patients per year, 80 percent Hispanic and 20 percent White

WIC Program:
9,050 participants; 37 staff

Policy/ Administration:
Sharing of staff

Clinical Coordination:
Coordinated case management

Outreach:
Health fairs; Head Start; TV PSAs

Special Initiatives:
Immunization video

Yakima Valley Farm Workers Corporation

Yakima, Washington

I. Background Information

The Yakima Valley Farm Workers Clinic network is a federally funded Community Migrant Health Center, established in 1978, which coordinates service delivery to migrant and seasonal farm workers and low-income populations in rural Yakima and Walla Walla Counties in Washington. Many clients are monolingual-Spanish-speaking immigrants from Mexico who have come to the United States for agricultural work. Eighty percent of the clinic's 65,000 clients are Hispanic and 20 percent are White. Migrant farm workers, who are most often present for services between April and October each year, comprise nearly one-quarter of the clinic's clients.

Yakima Valley is a multispecialty medical service organization with satellite clinics in Yakima, Grandview, and Walla Walla in Washington State with some additional clinics in Oregon. The network of six Washington clinics, headquartered in Toppenish, Washington, provides comprehensive primary health services with 85 providers and 764 clinic staff members that include family practice, pediatrics, obstetrics, internal medicine, and an extended hours clinic, as well as several specialty clinics. During 1998, approximately 2,000 infants were delivered by providers at Yakima Valley. Services also include comprehensive dental, mental health, WIC, medical nutritional therapy, public health nursing, social services, and outpatient drug treatment services. The corporation also has a community action council that provides social services, job training programs, and emergency assistance programs for housing, weatherization, and energy assistance.

The Yakima Valley Corporation operates six WIC clinics in Washington with a total caseload of 9,050, four of which are collocated with health clinics, and two of which collaborate with health clinics but are located

off site. Transportation is provided for prenatal and adult medical clients who have appointments with a dietitian. Thirty-seven workers staff the six WIC clinics that are located within a 140-mile radius that includes both small cities and rural areas and a population of 128,000 people. The WIC client population is approximately 77 percent Hispanic and 20 percent White. The remaining 3 percent of clients are of Black, American Indian, and Asian backgrounds.

II. Coordination

Two needs surfaced within the health center that prompted the collaborative effort with WIC. Providers raised concerns about the diabetic patient's need for more one-on-one nutrition education, and the health center dental director raised concerns about the high incidence of baby bottle tooth decay among toddlers. In addition, it was assessed that since the clinic serves a significant number of migrant workers whose ability to travel to multiple sites to receive services is limited, it would be helpful to have all of the services available in one place. Out of these needs, the collaboration with WIC was born.

Yakima Valley has been engaged in a number of different activities in the area of policy and administration, educational and clinical initiatives, and community involvement in order to increase the coordination between its primary care center and WIC .

A. Policy and Administration

Yakima Valley has a strong commitment to coordinate with other health services. This commitment is written in the corporation's mission statement as a pledge to provide a "continuum of care" for clients, and this commitment is operationalized through the active role of WIC in all clinic activities. **Shared staffing** is one way in which this continuum of care is provided. WIC and the health center share nine dietitians so that nutritional services can be provided to all clients, as needed, not just WIC participants.

WIC and health center staff also have access to one another's data files, and the data are utilized to make changes in service delivery. For example, the **Breastfeeding Steering Committee** uses data on breastfeeding to develop training for staff and clients and revise policy as needed. **In-service training** is provided to all health services staff, including WIC, three times per year on a variety of topics such as dental health, parenting, and behavioral health and counseling. Various Yakima Valley departments present information related to the services they provide as well. Program information is also exchanged and updated in monthly meetings between program supervisors and medical staff.

Yakima Valley uses planning meetings to develop shared protocols and to meet the needs of specific populations, such as children with special health care needs and high-risk prenatal clients.

B. Clinical and Educational Services

Health clinic staff are knowledgeable about the eligibility requirements for the WIC program, and they refer all pregnant women seen in the health clinic to WIC. Pediatric clients and walk-ins are referred as needed. Health center staff also make referrals by calling the WIC clinic to make appointments. Referrals are routinely followed up by chart notes and discussions with WIC staff. Health center appointments such as well-child checks, screenings, and dental exams are coordinated whenever it is feasible with WIC appointments so that clients can receive both services during the same visit.

In order to reduce duplication and fragmentation of services, hematocrits and heights and weights assessments are often checked between programs before being reassessed. WIC and health services teams also **coordinate case management** in areas of eating disorders, dental services, and breastfeeding in order to reduce fragmentation and duplication. WIC and health center staff are working toward following **common clinical, educational, and nutritional protocols.** Nutrition staff also follow special jointly developed diabetes, obesity, cardiovascular, and gestational related protocols. The health center staff utilize WIC protocols for all nutrition related care and counseling.

The appropriateness of nutrition education and counseling services is addressed in regular joint staff meetings, and information is presented to staff during in-service meetings. Professionals trained in literacy evaluation are utilized to assess appropriateness of client materials, and bicultural staff are utilized to assist in assessments of cultural appropriateness of materials and services.

C. Outreach and Community-based Activities

Health center outreach is coordinated with the WIC program. WIC is included in brochures about health center services, and these brochures are distributed at community events such as health fairs. In addition, joint outreach takes place at **migrant camps and field visits** and through information posted throughout the community (e.g., at Head Start centers, laundromats, grocery stores). Other joint outreach efforts have included a television commercial and an immunization video. Indicative of the joint outreach efforts is the fact that the health center's public relations coordinator also incorporates WIC promotion into his regular activities. Along with the public relations coordinator, other health center staff conduct outreach for the WIC clinic and WIC staff conduct outreach for the health center.

WIC and health center staff also coordinate in forums outside of the Yakima Valley Corporation, such as joint participation in a community breastfeeding promotion coalition and county immunization team meetings. They work with the Memorial Hospital Neonatal Screening Program, the Food Coordinating Committee for the

county, and with the local health department on food safety issues. WIC also coordinates services and provides training to individuals in the Work First Program and other job training programs.

III. Perceived Effectiveness of Collaboration

Yakima Valley staff believe that the collaboration effort has been very successful, particularly in the area of dental services. The dental director has been key in the integration effort with WIC. He has worked closely with WIC to generate referrals for dental screenings among mothers with young children in an effort to decrease the incidence of baby bottle tooth decay. He, in turn, has also provided referrals to WIC among the dental care clients. The University of Washington Dental Program staff have been very involved in the development of the WIC dental screening program, and their participation was instrumental in the success of this aspect of the collaborative effort.

Yakima staff believe that the success of the integration effort is indicated by the clients' level of comfort in coming to the health center and participating in all of the services available, particularly services that have not been accessible to them previously (e.g., dental care). The caseload has increased greatly in WIC clinics collocated with the medical clinics, and the feedback the health center receives from clients indicates that they are very happy to have everything they need at one site.

The integration of the services has also helped to secure funding for both the medical clinics and WIC. According to one staff member, "It has been a great way to get help and keep WIC stable by subsidizing WIC in its early stages until it grows large enough to pay for itself." The collaborative efforts have yielded cost savings as well. Diabetic clients now often receive nutrition education from the WIC nutritionist instead of from the medical provider; therefore time that was spent by physicians on diabetic nutrition counseling can now be channeled into additional patient appointments.

A significant challenge posed by the integration effort, however, has been coordination of client appointments. The timeframes required for WIC appointments have made it difficult to coordinate them with health center appointments. Ongoing communication between departments has helped to overcome this challenge and to facilitate better scheduling coordination. Another barrier to increased coordination has been the physical layout of the health center facilities. Although WIC and the health services are usually on the same floor, they can be at opposite ends of a long hallway, which discourages informal interaction between staffs. Health center staff believe that having the WIC program in the same area as the health services would increase WIC's visibility among the providers and stimulate more informal communication. Opportunities for regular updates and information sharing between the programs are primary areas in which the Yakima staff think the integration effort could be improved.

Overall, Yakima Valley staff believe that their collaboration effort may be a useful model for other programs because it has helped to eliminate duplication of client services and facilitated much needed communication between the medical and WIC staff. The connection to the medical facility has helped WIC to provide more comprehensive care and support as well as encouraged information sharing between programs. Overall, the integration of WIC services into the health center has been instrumental in increasing access to care for the Yakima clients—a benefit that would be useful in many communities.

For other WIC and health center programs that wish to increase coordination efforts in a similar manner, Yakima Valley staff recommend a joint computer network. Networking the health center and WIC from the beginning of the integration effort helps to facilitate referrals and appointment scheduling. They also suggested the inclusion of information about WIC as part of the standard orientation for all new staff, so that they understand the types of services WIC provides and what occurs during WIC appointments.

A final recommendation the Yakima staff would make to other agencies that may want to replicate the model is to have a firm plan in mind of how they want to collaborate before beginning. All the players—not just supervisors and administrators—should "know what is trying to be accomplished, what the goals are, and what is going on."

IV. Contact Information

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Coordination Strategies

Handbook

CHAPTER FOUR

Innovative Coordination Strategies

4

CHAPTER FOUR
Innovative Coordination Strategies

This chapter focuses on effective coordination efforts in several program areas important to both WIC and primary health care agencies. These include policy and administrative coordination, clinical coordination, and community-focused coordination. Under each of these major categories listed below, are specific strategies that may be used for improving coordination, along with examples from real-life sites that have effectively implemented these approaches.

A. Policy and Administrative Coordination

Strategy 1: Interorganizational Agreements
Strategy 2: Collocation/Satellite Clinics
Strategy 3: Patient Records and Information Sharing
Strategy 4: Joint Data Collection and Analysis
Strategy 5: Coordinated Service Planning
Strategy 6: Sharing of Staff and Other Resources
Strategy 7: Staff Training and Development
Strategy 8: Quality Assurance

B. Clinical Coordination

Strategy 1: Referrals
Strategy 2: Coordinated Appointment Scheduling
Strategy 3: Clinical, Educational, and Nutritional Protocols
Strategy 4: Nutrition Education
Strategy 5: Cultural and Linguistic Appropriateness of Care
Strategy 6: Coordinated Screening and Enrollment and Case Management

C. Community-based Initiatives

Strategy 1: Outreach
Strategy 2: Special Initiatives
Strategy 3: Community Involvement

One way to use this information is to identify the particular program area of greatest immediate concern. We do urge you, however, to read through this entire section, as it will provide you with a range of ideas to help you and your colleagues improve coordination across all program areas. If you have questions after reading about a particular site, **Appendix B** provides contact information for each of the programs included in this chapter.

The following two pages contain an overview of the WIC and health center administrative arrangements and service settings for all the sites featured in this handbook.

Administrative Profiles

State	WIC Agency/Health Center	Type of WIC Agency	Type of Health Center	WIC Sponsoring Agency?	Collocated?	Number of WIC Staff	Number of HC Staff	WIC Local Agency Caseload (participants per month)	Health Center Caseload (participants per year)	Service Area F=Frontier R=Rural SC= Small City U=Urban
AL	Quality of Life Health Services, Inc.	District office/State employees	CHC	Y	Y	2	70	955	10,000	U,SC
AZ	Marana Health Center	Private, nonprofit agency	C/MHC	Y	Y	6*	26	1,200	5,000	R
AZ	Mariposa Community Health Center	Private, nonprofit agency	C/MHC	Y	Y	13	125	2,045	13,449	R,SC
CA	Central Valley Indian Health Center, Inc.	Indian Tribal Organization	THS	Y	Y	5*	74*	675	5,982	U,R
CA	Community Medical Centers, Inc.	Private, nonprofit agency	MHC	Y	Y	20	226†	4,300	30,000	U,SC,R
CA	Sonoma County Indian Health Project, Inc.	Private, nonprofit agency	IHS	Y	Y	4*	§	600	8,685	U,SC,R,F
CA	United Health Centers of the San Joaquin Valley, Inc.	Private, nonprofit agency	MHC	Y	Y	42†	240	16,200†	75,017	R
CO	Valley-Wide Health Services, Inc.	Private, nonprofit agency	C/MHC	Y	Y	8	255	1,275	32,750	R
DC	Cardozo WIC Program/Unity Health Care, Inc.	Private, nonprofit agency	CHC	N	Y	7*	185	5,000†	33,000	U
FL	Indian River County Health Department/ Fellsmere Medical Center	Local health department	CHC	N	Y	9*†	13	2,375†	8,483	R
IA	Siouxland Community Health Center	Local health department	CHC	Y	N	13	60	4,200	8,000	SC,R
ID	Fort Hall Indian Health Center	Indian Tribal Organization	ITO	Y	Y	4	74	340	10,000	U,R
IN	Allen County WIC Program/ Neighborhood Health Clinics, Inc.	Private, nonprofit agency	CHC	Y	Y	22	65	5,600	6,800	U
KS	Shawnee County Health Agency	Local health department	CHC	N	Y	11	65	4,150†	16,000	U
LA	Bayou Comprehensive Health Center	District office/State employees	CHC	Y	Y	3	47	222	2,900	SC
LA	Outpatient Medical Center at Natchitoches	District office/State employees	CHC	Y	Y	7	52	2,000	36,000	SC,R
ME	Sacopee Valley Health Center	Private, nonprofit agency	CHC	Y	Y	2	35*	372	4,200	R
MI	Health Delivery, Inc./Bayside Health Center	Private, nonprofit agency	C/MHC	N	Y	2	20*	2,600	3,400	R
MN	Fond du Lac Human Services	Indian Tribal Organization	THS	Y	Y	4*	161†	400	6,300	U,R
MO	Dunklin County Health Department/ Southeast Missouri Health Network	Local health department	MHC	N	N	8	13	1,711	8,429	R
MO	Family Care Health Centers	Private, nonprofit agency	CHC	Y	Y	9†	111	1,540	15,000	U
MO	Samuel U. Rodgers Community Health Center	Private, nonprofit agency	CHC	Y	Y	6	179	1,700	15,711	U
MS	Mississippi Band of Choctaw Indians/ Choctaw Health Center	Indian Tribal Organization	THS	N	Y	6	200	800	110,000	R
NC	Henderson County WIC Program/ Blue Ridge Health Center	Local health department	C/MHC	N	Y	3	115†	2082	19,000†	R
NC	Twin County Rural Health Center, Inc.	Private, nonprofit agency	CHC	Y	Y	10*†	20	2,500	2,300	R
ND	Fargo Family Health Care Center	Private, nonprofit agency	CHC	Y	Y	10*†	80*†	1,825	8,900	SC
ND	Spirit Lake Tribe/Fort Totten IHS Clinic	Indian Tribal Organization	IHS	Y	Y	2	55	450	36,000	R
NE	Panhandle Community and Migrant Health Center	Community Action Program	C/MHC	Y	Y	9*	70	1,540	7,232	R,F

State	WIC Agency/Health Center	Type of WIC Agency	Type of Health Center	WIC Sponsoring Agency?	Collocated?	Number of WIC Staff	Number of HC Staff	WIC Local Agency Caseload (participants per month)	Health Center Caseload (participants per year)	Service Area F=Frontier R=Rural SC= Small City U=Urban
NH	Ammonoosuc Community Health Services, Inc.	Private, nonprofit agency	CHC	Y	Y	7	49†	730	3,000	R
NH	Coos County Family Health Services, Inc.	Private, nonprofit agency	CHC	Y	Y	7	55†	650	7,000	SC,R
NJ	North Hudson Community Action Corporation	Community Action Program	CHC	Y	Y	30	150	11,000	36,000	U
NM	First Choice Community Health Care	Community Action Program	C/MHC	Y	Y	19†	28	5,500	100,000	U,SC
NY	Open Door Family Medical Group	Private, nonprofit agency	CHC	Y	Y	7*	120†	1,330	19,000	SC
OK	Cherokee Nation WIC Program/ W.W. Hastings Hospital	State tribal agency	IHS	N	N	39†	400+	1,250	100,000	U,SC,R
OK	Chickasaw Nation/Carl Albert Indian Health Facility	Indian Tribal Organization	THC	N	Y	15†	536	900	132,000	R
OR	Confederated Tribes of Warm Springs Indian Reservation/ The I.H.S. Warm Springs Service Unit	Indian Tribal Organization	IHS	Y	Y	7	130†	350	10,484	R
PA	Allegheny County Health Department WIC Program/Sto-Rox Neighborhood Health Center	Local health department	CHC	N	Y	3	60	20,000†	5,500	SC
PA	United Neighborhood Facilities Health Care Corporation/ Community Health Net	Community Action Program	CHC	N	Y	30	87†	8,000	21,500	U,SC
SC	North Central Family Medical Center	Private, nonprofit agency	CHC	Y	Y	5	38	1,150	6,600	SC,R
TN	Claiborne County Health Department/ Clear Fork Clinic	Local health department	CHC	N	Y	2	38†	1,406	2,500	R
TX	El Paso City-County Health Department/ Centro San Vicenti	Local health department	CHC	N	Y	3	80	750	12,000	U,R
TX	Hidalgo County WIC Program/ Hidalgo County Health Care Corporation	Local health department	C/MHC	N	Y	167	72	52,500†	19,000Δ	SC,R
VA	Piedmont Health District WIC Program/ Central Virginia Community Health Center	District office/State employees	CHC	N	Y	3	75	100	12,000	R
WA	Columbia Basin Health Association	Private, nonprofit agency	CHC	Y	Y	6	87	1,364	12,000	R
WA	Yakima Valley Farm Workers Clinic	Private, nonprofit agency	C/MHC	Y	Y	37	850	9,050	65,000	SC,R
WI	Family Planning Health Services WIC Program/ Bridge Community Health Clinic	Private, nonprofit agency	CHC	N	N	11	28	2,200	5,000	U,SC

* - Includes part-time staff

† - Includes staff/caseload at multiple sites

§ - Information not available

Δ - Patients enrolled

A. Policy and Administrative Coordination

Many of the WIC/health center partnerships that were interviewed for this project had formal policies and administrative practices in place to bolster their clinical coordination initiatives. Others tended to rely heavily on informal arrangements or practices. Without some degree of formal structure, coordination initiatives can be limited to interpersonal communication and depend entirely on the dedication of long-time WIC or health center staff. While these informal coordination mechanisms are effective, and indeed a necessary ingredient of collaboration, WIC and health center administrators and front-line staff need institutional supports and policies to remind them of the importance and benefits of coordination initiatives among health and social service programs.

In this section, a number of policy and administrative areas in which WIC programs and health centers can coordinate are presented.

Strategy 1: Interorganizational Agreements

Interorganizational agreements that communicate directives, conditions, or expectations related to the collaborative work between two or more agencies have been utilized in various configurations in the collaborative efforts of WIC and health services agencies as exemplified below.

- The **Community Health Net WIC Program** and the **United Neighborhood Facilities Health Care Corporation of Erie, Pennsylvania,** once operated under the auspices of the same agency but then separated. The agencies decided it was important to continue collocation and collaboration to make services as accessible as possible for clients and to help increase patients' compliance with scheduled appointments. As outlined in their Memorandum of Agreement, the health center provides physicals to WIC clients at no cost to the client.

- Collaborative efforts between the **Family Planning Health Services WIC Program** and the **Bridge Community Health Clinic** were implemented to better serve the 30,000 residents of **Wausau, Wisconsin,** and the surrounding towns. The Memorandum of Understanding (MOU) between these agencies specifies collaborative expectations in policy and administrative areas related to referrals, confidentiality, patient consent, data sharing, and communications, as well as in the area of joint outreach.

- An MOU was developed between the **North Dakota Department of Health, Division of Maternal and Child Health,** and the **Fargo Family Health Care Center** in order to make "specific nutritionally desirable foods and nutrition education available for eligible pregnant women, infants, and children through the WIC program"

for the 8,500 health center clients served within Cass County, North Dakota. This more formal MOU outlines the responsibilities of the health center related to WIC certifications, provision of nutrition education services, data collection, provision of health services, financial obligations, and Federal regulations.

- The MOU between the **Allen County WIC Program** and the **Neighborhood Health Clinic**, a private nonprofit MCH organization serving a large urban area and the surrounding county in Indiana, details the role of dietitians within the clinic and their role in providing services to both medical and WIC clients, including counseling special populations such as diabetic clients. This agreement also specifies processes for referrals from one program to the other.

- **United Health Centers of the San Joaquin Valley** in **Parlier, California,** a private nonprofit agency operating combined WIC, primary care, and migrant health clinics, provides comprehensive services to three rural California counties. United Health Centers has established an interagency agreement with the California Perinatal Services Program in order to increase patient access to services and ensure service coordination between the two programs. The agreement specifies each program's responsibilities and processes for referrals, as well as appointment coordination, thus avoiding duplication of services. It also delineates mechanisms for sharing information and protocols and joint staff training.

Some WIC programs that are administered by the health center where they are located have drafted agreements between their clinical staff and the WIC staff to further facilitate collaboration and integration of services.

- As part of their commitment to ensure that client needs are met, **United Health Centers of the San Joaquin Valley** staff have also developed an interoffice agreement to prevent duplication of services, better manage client flow, and stipulate specific responsibilities among the various departments and programs within the agency.

- **Community Medical Centers** is an agency that operates several community health centers in four California counties encompassing both urban and rural areas. To better serve the 30,000 clients seen each year, the center has established both interoffice and interagency cooperative agreements that delineate the role and responsibilities of each program within the agency. Interoffice agreements among the agency's WIC, perinatal, immunization, and child health disease prevention programs cover standards of care, documentation expectations, shared record/information procedures, confidentiality, and communication mechanisms.

Strategy 2: Collocation/Satellite Clinics

As part of their efforts to integrate WIC with health center services, many organizations have attempted to facilitate access to WIC services by providing space for the program on site or near the medical services facilities. While collocation is not a panacea for interagency collaboration, many programs report that the "one-stop shopping" approach is helpful for clients who often have trouble making and keeping various appointments, either due to competing demands or transportation problems.

Various configurations of on-site or on-campus collocation were noted in the review of collaboration efforts between WIC and health organizations. In many cases, health organizations were able to provide space for the WIC program in the health center on the same floor as health services. Although WIC and the health center have separate office and examination rooms, several such programs have integrated the waiting area of the two programs. In other cases, due to limitations in space, organizations were unable to house WIC in the same building with the health services facilities and thus needed to devise alternative plans in order to provide WIC services to their health center clientele. Several examples of ways in which health services facilities were able to physically integrate WIC programs are provided below.

Collocation With Other Services. The following represent examples of agencies in which WIC is not only located in the same building or campus as the health services but is also strategically placed near other support services that may also benefit clients.

- The **Quality of Life Health Services, Inc.,** serves the small city of Gadsden and several surrounding county areas in Alabama and houses its WIC program in the "special services department" with the center's maternity care coordinators. This helps them more closely coordinate all support services available to the 17,000 clients they serve each year.

- The **Twin County Rural Health Center** in **Hollister, North Carolina,** operates one of its WIC clinics (separate from its medical services) at the Choanoke Area Development Association Center, which houses assistance programs related to housing, energy and legal assistance, and job locator services, as well as Head Start.

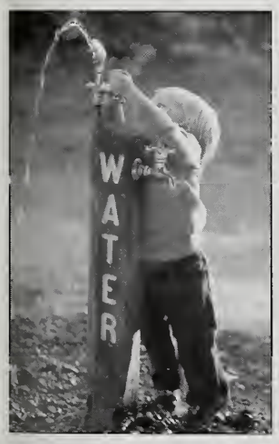
- The **Spirit Lake Tribe WIC Program** and the **Fort Totten Indian Health Center** in **Fort Totten, North Dakota,** are collocated with the Spirit Lake Community Center. The center houses the Bureau of Indian Affairs, Indian Health Service, and other tribal programs and offices, such as the post office.

Satellite Clinics. In addition to collocation efforts at main health clinic sites, programs have also collocated WIC services on a part-time basis with primary care services at satellite locations in order to accommodate under-served populations.

- For 10 years, **Tennessee's Claiborne County Health Department** has operated a WIC clinic at the **Clear Fork Health Clinic** in the remote rural town of **Clairfield, Tennessee.** Two Claiborne County WIC staff travel to Clairfield three times per month in order to provide services to a population that would otherwise have to arrange transportation for a 1-hour trip through mountain roads to the nearest WIC clinic.

- The **Health Delivery, Inc. WIC Program** located in **Saginaw, Michigan,** provides WIC services at several migrant health centers during peak periods of the migrant season each year. In order to accommodate the migrant workers' job schedule, services are provided during evening hours (5 to 9 PM) 1 or 2 days per week. The sites are only open for 4 months during the summer agricultural season.

Collocation Planning for New Facilities. Although not able to accommodate WIC programs into their current spatial arrangement, some health centers have included WIC in their plans when preparing to open new facilities.



- Several years ago, the **Open Door Family Medical Group**, a community health center in **Ossining, New York,** worked with WIC to develop space to support WIC service delivery at a new site. Both WIC and the health program staff thought that it would be beneficial if WIC were closer to the prenatal clinic in order to facilitate referrals to WIC. Although WIC had been involved in general planning activities regarding the new clinic, the directors of the WIC program and the health center also met specifically to plan the location of WIC adjacent to the prenatal clinic in the new site, so that WIC staff could more easily access and follow up with the health center's prenatal clients.

Strategy 3: Patient Records and Information Sharing

When patient records are integrated or shared, both health center and WIC staff have access to the same information so that clients are not subjected to additional, unnecessary tests or asked to retell their medical history to each health provider they see. Many integrated sites have done away with separate WIC and health center records and have established one record for their clients. Many of the health centers and WIC programs that were interviewed operate under the aegis of the same administrative agency and, therefore, can share patient records between medical and WIC staff without violating patient confidentiality regulations. Independent WIC programs that are collocated or otherwise coordinated with health centers can get approval to share medical records, though it was not a common practice among those sites interviewed.

Many interviewees explained the processes they follow in order to meet patients' needs while respecting their privacy. Some agencies have clear cut confidentiality policies and agreements and procedures for gaining access to a patient's files. Some of these strategies, many of which are used in tandem by various agencies, are highlighted below.

Client Release Form Provides Permission to Share Information Between WIC and Health Center Staff. Some agencies require clients to sign a release form giving permission to health center or WIC staff to consult their records. Most often, clients sign a release form when they first come to the clinic. Below are examples of both an independent WIC program and one that is sponsored by a primary care health center that share information.

- The **Hidalgo County WIC Program**, which serves migrant farm workers along the Texas border with Mexico, has an MOU with the primary health care agency stipulating that it will share patient information. At their first visit to the WIC program, clients are asked to sign a release form that informs them of this arrangement.

- **United Health Centers of the San Joaquin Valley**, located in **Parlier, California,** is the sponsoring agency of its onsite WIC program. Though this agency does not have an integrated patient record, WIC and medical records are shared among agency staff. At their first visit, United Health Centers' patients are asked to sign a release form allowing the WIC program to share their clinical information with medical staff at the health center. The United Health Centers' nutritionists, however, are employees of both the WIC program and the medical center, so they have access to both charts.

WIC Participant Release Form Grants Permission for WIC to Share Information With Other Public Health Agencies. In addition to sharing nutritional and clinical information with collaborating primary health care centers, some WIC programs have taken steps to share information with other public health programs.

- **Valley-Wide Health Services, Inc.,** in **Alamosa, Colorado,** asks patients to sign a Patient Documentation Form that allows the WIC program to share information with certain public health programs, such as immunization, EPSDT, maternal and child health programs, prenatal care initiatives, programs that serve migrant farm workers, and the State program for children with special health care needs. Although patients have a choice as to whether they want the information to be shared with their medical provider, it is mandatory that patients fill out the form and allow information sharing with the listed public health programs.

WIC agencies that are not sponsored by the health center with which they are collaborating, have had to come up with alternate means for sharing information between staff.

Patients Carry Records Between WIC and Health Center Staff. The **Piedmont Health District WIC Program** provides WIC services 2 days a month at the **Central Virginia Community Health Center** in rural Buckingham County, Virginia. In an effort to share information between the two agencies, health center staff give patients a referral form with pertinent information from their medical chart to take to the WIC program, so that clients personally control who has access to their medical information.

Sharing of Selected Information. Some agencies have opted to limit the information that can be accessed by other program staff. Some agencies, for example, only share patients' clinical data needed for WIC certification, such as height, weight, and hematocrit. Others restrict WIC's use of the medical records to information related to nutrition and/or dietary requirements.

- The medical records department of **Unity Health Care, Inc.,** in **Washington, DC,** only provides the collaborating **Cardozo WIC Agency** with medical information after its request has been approved by a health center provider.

- **The Family Planning Health Services WIC Program** in **Wausau, Wisconsin,** is neither integrated nor collocated with the **Bridge Community Health Clinic**, its collaborating partner. However, one of the local WIC agency's 12 sites is located just across the river from the health center. These independent agencies began their coordination effort to reduce duplication of services, as clients were complaining about the repeat screenings being conducted by both WIC and the health center. For cultural reasons, Hmong clients object to the drawing of blood, which is required for blood lead levels and hematocrits. As a result, the WIC program and the health center developed a written agreement to share information between the two agencies, including blood lead levels, weight, height, and hematocrit. The information is either faxed or sent to the partner agency, located just minutes away. Patients are notified that the information is shared between agencies. If they have objections to this practice, they may specify that their information may not be sent to the partner agency.

To reinforce the importance of maintaining patient confidentiality, many primary health care centers and WIC programs sponsor mandatory staff training in patient confidentiality. For example, the **Fort Hall Indian Health Center** in **Idaho** requires that its staff attend three different confidentiality training sessions offered by the Indian Health Service, one required by the tribe, and still another sponsored by the local WIC program.

Strategy 4: Joint Data Collection and Analysis

WIC programs that are sponsored by primary health care agencies generally have the means to generate joint reports for use in program planning, administration, and evaluation. Integrated patient records can facilitate the joint collection of data regarding WIC clients and measures of their health status. Several programs are noted here for their creativity in overcoming barriers and using joint data to plan and evaluate health center and WIC services.

- **Indiana's Allen County WIC Program** is sponsored by the **Neighborhood Health Clinics**, which serves Allen County, including 15 census tracts of a medically under-served area. In an effort to address the extremely large number of WIC clients seen at the main location, the staff used the zip codes of the WIC clients to identify the areas where they would open satellite clinics.

- The **Confederated Tribes of Warm Springs** administers a WIC program in **Warm Springs, Oregon.** Staff used their WIC and health center data to project the number of clients that need regular hematocrit measurements required for WIC certification. At the time, the health center was sending blood work to an outside lab for analysis. Using the data, the health center decided to set up a "minilab" on site to better serve the WIC program. This change facilitated a "one-stop shopping" experience and streamlined the hematocrit protocol, and thus the WIC certification process.

- The **Sacopee Valley Health Center** located in **Porter, Maine,** sponsors its onsite WIC program. The staff at this site use data to verify that patients are receiving all services available to them. Health center staff compare the list of prenatal patients with the list of WIC participants to ensure that all prenatal patients who are eligible for WIC are enrolled and participating.

- The **Fond du Lac Human Services Center** located in **Cloquet, Minnesota,** has a WIC program on site. The director of the health center identified anemia to be a problem for health center patients, as the health center's anemia rate was several times higher than that of the State. The director, therefore, developed a client education program to reduce anemia. After a period of time with intervening patient education in place, anemia rates for the clinic population decreased. This application of joint data collection illustrates how a comparison of local data with State data can lead to program improvements and higher quality services for clients.

Strategy 5: Coordinated Service Planning

Coordinated service planning is a strategy that many integrated sites use to avoid duplicating WIC and health center services and to promote the logical, coordinated, and efficient flow of services to patients. For example, sharing the results of hematocrits and height and weight measures for WIC clients and health center patients is practiced by virtually every integrated site interviewed. Some of the obvious benefits are financial (cost is incurred once not twice), as well as individual (infants and children are not subjected to an unnecessary second finger stick, and staff are not made to repeat procedures). Many sites have established other innovative service planning activities, some of which are described below.

- **Ammonoosuc Community Health Services** of **Littleton, New Hampshire,** provides its small rural community of 6,000 residents with integrated WIC and health center services. In an effort to avoid duplicating nutrition education for WIC patients who are also health center patients, the nutrition educational materials are developed jointly. As a result of their joint planning, clients receive consistent, coordinated nutrition information.

- The **Dunklin County Health Department WIC Program** is collocated with the **Southeast Missouri Community and Migrant Health Center**. Because the WIC program and health center serve a migrant community, the number of services they provide vary with the migrant season. In preparation for the agriculture season, the health center staff meet with WIC staff to plan the sites, times of operation, and patient flow for WIC services. In addition, during the migrant season, the staff of the two programs meet weekly to monitor the service delivery plan.

Strategy 6: Sharing of Staff and Other Resources

In keeping with the philosophy of providing seamless care to patients and in an effort to maximize efficiency and cost effectiveness, some WIC programs and primary care agencies share the time and cost required to deliver quality care to patients. WIC programs that are collocated with a health center facility and those that operate under the aegis of a health center are most likely to distribute activities and costs among their departments, such as prenatal care, pediatrics, nutrition, and WIC. Health centers and WIC programs have devised various administrative arrangements to plan for the coordination activities and account for the sharing of resources.

Services Are Provided by One Agency Free of Charge to the Partner Agency. In some cases, no money changes hands between the WIC program and the health center, yet they provide services for one another, such as medical assessments, lab work, outreach, and clerical duties.

- The pediatric department at **Bayou Comprehensive Health Center** in **Lake Charles, Louisiana,** funds the portion of its nurses' salaries spent administering immunizations to WIC participants during WIC clinics.

Expenses Are Allocated Based on Time Studies and Prorated Fees. In other instances, staff time and the usage of facility resources are tracked and divided between WIC's budget and the health center's budget.

- For example, staff at **Community Medical Centers**, a migrant health center in **Stockton, California,** submit two timesheets—one for the total time they work and another timesheet that breaks down the time they work for WIC versus the health center. These timesheets are used to determine how much of a particular staff member's salary is billed to WIC and how much is billed to the health center.

- The WIC program at **Quality of Life Health Services, Inc.,** in **Gadsden, Alabama,** pays the health center 4 percent of the total cost of utilities and telephone services each month. The health center and the WIC program arrived at 4 percent by determining that WIC occupies 4 percent of the total square footage in the facility.

Staff Positions Are Jointly Funded. Some health centers and WIC programs jointly fund staff positions under the assumption that one staff member will work a predetermined number of hours for WIC and a certain number of hours for the health center.

- The nutritionist at **Santa Rosa, California's Sonoma County Indian Health Project,** works 6 hours a week for WIC and 34 hours for the diabetes and nutrition programs.

Some of the areas in which health center and WIC resources are shared are described below.

Medical and Clinical Assessments. WIC programs and their collaborating health centers often share responsibility for taking clinical measurements, screening clients for immunizations, and processing lab tests that are required for WIC certification. Heights, weights, and hematocrits are recorded by medical staff working in the prenatal and well-child departments, for example, and shared through medical records or patient encounter

forms with WIC staff. Some health centers also use the same laboratory for both WIC and medical needs.

- The **Open Door Family Medical Group** in **Ossining, New York,** provides immunization screenings for WIC participants.

- The **Twin County Rural Health Center** in **Hollister, North Carolina,** assesses the WIC program a fee for the hematocrits taken by health center staff, which are used to determine nutritional risk for WIC eligibility.

Nutrition Services. While some health center staff provide nutrition services for WIC, in other cases, WIC employees devote a portion of their time to counsel health center patients.

- The WIC nutritionist at the **Twin County Rural Health Center** provides nutrition counseling for non-WIC patients. To account for her time, the nutritionist keeps a log of her time spent attending to WIC participants versus health center patients who are not enrolled in WIC. The health center then reimburses the WIC program based on the percentage of the nutritionist's time (salary) spent counseling clients.

Support Services. Some agencies also share responsibility for providing enabling services, such as interpretation and transportation.

- The **Blue Ridge Community Health Center (BRCHC)** in **Hendersonville, North Carolina,** funds the cost of a full-time interpreter who is made available to the many Spanish-speaking families of the migrant farm workers living in the area from June to October. Interpretation services are made available to WIC participants when the **Henderson County Department of Public Health WIC Program** is on site delivering WIC services to BRCHC clients. The health center's interpreter translates for the WIC nutritionist when she is counseling Spanish-speaking women and children. BRCHC agreed to provide this service at no fee to the WIC program because it increases the quality of care received by its clients.

- The **Central Valley Indian Health WIC Program** in **Clovis, California,** shares transportation expenses with the health center. Paraprofessional outreach staff, called community health representatives (CHR), conduct home visits with health center and WIC clients and provide transportation. Depending on the purpose of the client's trip to the health center, programs are billed accordingly for the transportation costs. Because WIC participants are almost always attending other appointments when going to WIC appointments at the health center, other programs almost always incur the transportation expenses of the CHRs.

Clerical Duties. Because many WIC programs are located in the same facility as primary health care services and because some operate under the aegis of the same agency, these programs often share responsibilities (and sometimes the cost) for answering telephones, scheduling appointments, registering patients, maintaining medical records, and other important clerical tasks.

Administration and Operations. In addition to medical and clerical responsibilities, WIC programs that are sponsored by health centers also utilize and benefit from the administration and financial capacities of the health center, including human resources, budget management, payroll services, and purchasing.

Equipment and Facility. From photocopiers to lab equipment and furniture to automated appointment scheduling systems, WIC programs that are collocated with health centers share a number of resources with their collaborating partner agencies.

- Once a year, the **Choctaw Health Center** in **Philadelphia, Mississippi,** submits a bill to the WIC program for housekeeping, maintenance, and computer support services provided throughout the year.

Strategy 7: Staff Training and Development

Staff training is an ideal forum in which staff can learn about the roles and responsibilities of other staff and gain valuable insight into existing and potential coordination activities. Joint staff training and development also encourages teamwork and sharing of information among health center employees. Among the sites interviewed, the costs of joint staff training are commonly covered by the sponsoring community/migrant health center or IHS site. However, WIC staff often assume responsibility for providing nutrition and breastfeeding-related trainings to staff of their partner agencies. The subject matter of joint staff training ranges considerably and includes topics displayed in the list below:

Topics of Joint Training Sessions for WIC and Health Center Staff

Immunizations	Customer service	Obstetrics training
Nutrition	Protocols	Civil rights
Folic acid	Domestic violence	CPR
Lead screening	OSHA	Drug and alcohol abuse
HIV-related issues	Handling blood products	Tuberculosis training
Fraud	Breastfeeding	Behavioral health
Infection control	Agency safety	Diversity & cultural competency
Family planning	Medical records	

Collaboration on staff training is conducted through the following channels:

Regular Staff Meetings. Staff training is conducted through a variety of different mechanisms, including staff meetings, brown bag lunches, and presentations. Some of these meetings are run internally, and training topics are presented by either health center or WIC staff. In other cases, consultants are brought in to discuss specific topics. Some agencies held staff meetings as often as once a month, yet others convened staff just twice a year for training purposes.

- The **Allegheny County Health Department's WIC Program** in **Pittsburgh, Pennsylvania,** holds regular monthly meetings and training sessions for all staff. The WIC nutritionist, in particular, acts as a resource for staff and uses this opportunity to inform staff of news from either the WIC program or from the health center.

- The **Ammonoosuc Community Health Services** in **Littleton, New Hampshire,** holds bimonthly staff meetings, where topics such as lead screening and breastfeeding are discussed across the agency. Though WIC staff attend these trainings, the health center pays for costs associated with staff training.

- **Alabama's Quality of Life Health Services, Inc.,** in **Gadsden** holds training sessions for its staff at least twice a year. Training on pertinent topics—such as immunizations, obstetric services, and folic acid—is conducted by a nurse at the health center. WIC staff, in turn, train Quality of Life Health Services' department heads on WIC services, so that they are fully conversant with WIC procedures.

- **Community Medical Centers** in **Stockton, California,** has expert speakers attend its all-staff meetings and offer presentations on topics that are of interest to WIC and health center staff. Topics covered to date include lactose intolerance, team building, and leadership.

Written Information Exchange. Agencies also use newsletters, bulletin boards, memoranda, and flyers to keep staff informed about new procedures or practices.

- The **Piedmont Health District WIC Program** in **Farmville, Virginia,** and the **Central Viginia Community Health Center** keep each other informed about changes and new activities by sending flyers and notices.

- **Community Medical Centers** in **Stockton, California,** produces a newsletter that outlines health center changes and new initiatives and addresses topics that are relevant to health center and WIC staff. Staff use the newsletter as a means of finding out about activities in other departments of the health center.

Comprehensive Training Curricula. In addition to drawing upon the expertise of those employees who are responsible for clinical activities, at least one agency employs a full-time staff member dedicated to developing and conducting staff trainings.

- The **Chickasaw Nation** in **Ada, Oklahoma,** employs a full-time training coordinator who offers a rolling program of courses that are open to WIC and non-WIC staff. Each quarter, the training coordinator updates the menu of training courses. Topics such as sanitation, interpersonal relations, and communications are offered. Staff are allowed to select the training sessions they will attend.

Strategy 8: Quality Assurance

Quality assurance is an important component of monitoring and evaluating health care services. The process enables organizations to ascertain whether goals and objectives, as well as the needs of the community, are being met in a timely and effective manner. Some WIC agencies report that the time required to establish collaborative practices at the service level often does not leave time to consider evaluating services. However, WIC programs and health centers that have had their coordination practices in place for some time indicated that quality assurance mechanisms are a valuable tool in further developing and improving coordination efforts. WIC agencies and health care centers have developed a number of mechanisms to ensure the delivery of quality care. These are described below.

Regular Interdepartmental Quality Assurance Meetings. Regular quality assurance committees, meetings, and task forces are held to discuss quality assurance issues and ways to improve services. Topics discussed at these meetings range from decreasing waiting times to developing better followup mechanisms for maternity patients.

- The **Open Door Family Medical Group** in **Ossining, New York,** convened a Quality Assurance Team to review all coordination activities to ensure services are appropriate and meeting patients' needs. When necessary, the team makes recommendations regarding how to change clinical practice or service delivery modes. Departments are required to follow the new guidelines issued by the Quality Assurance Team..

- Staff at the **Outpatient Medical Center** at **Natchitoches, Louisiana,** noticed that they were seeing a high number of anemic children. Health center administrators decided to address this problem through their regular quality assurance meetings. A clinical protocol was developed and rigorously followed and has successfully decreased the incidence of anemia among health center patients.

Collaborative Goals, Action Plans, and Outcome Measures. Many of the WIC agencies collaborate with their partner health centers in developing annual health plans with clear goals and objectives. These plans are reviewed periodically, ranging from monthly to yearly. Setting joint goals and creating coordinated action plans help WIC agencies and their health center partners to improve upon their existing services and to develop new consumer-oriented services.

- The **Family Care Health Center WIC Program** in **St. Louis, Missouri,** develops an annual health plan with its collaborating health center. The health plan includes WIC goals, which are jointly written and evaluated by the WIC program and health center on a yearly basis.

- The **Siouxland WIC Program** in **Sioux City, Iowa,** jointly develops an action plan and outcome measures with the health center. The action plan and outcome measures are monitored and adapted throughout the year to ensure services always meet patients' needs.

Listening to the Consumer. WIC agencies and health centers realize the importance of consumer input and strive to obtain consumer feedback as a way to improve services. WIC programs and their collaborating partners have used comment boxes and patient satisfaction surveys to determine how services could be modified to better meet the needs of clients.

- The **Chickasaw Nation** in **Oklahoma** has placed a comment box in all patient waiting areas. Staff report that client suggestions were useful for investigating small, but important, ways of improving services for clients. For instance, comments from patients have spurred the development of a touch screen kiosk that patients can use to explore information on any number of health issues, including nutrition and prenatal care. "Mini" health education classes that last about 15 minutes were also instituted as a result of patient feedback. These brief classes are conducted in waiting rooms and address topics such as gingivitis and pregnancy and the benefits of childbirth education classes.

- **Alabama's Quality of Life Health Services, Inc.,** located in **Gadsden**, conducted a client survey on the amount of time it took for clients to receive services. Based on the results of the survey, WIC and clinical staff examined ways to deliver better quality care while decreasing the time clients spent waiting to be seen. Specifically, Quality of Life staff revisited scheduling practices and made changes based on client recommendations.

- The **Centro San Vicenti Community Health Center** in **El Paso, Texas,** conducts an ongoing quality assurance survey to monitor the quality of services being delivered to clients. In particular, the survey is used to poll clients about the types of services and information they would like to see offered on site, as well as to determine what types and in what ways clients would like to receive nutrition education information. By sharing this information with its collocated WIC program, the site is able to periodically tailor its services and attract more clients.

Chart Audits. Chart audits are conducted to ensure that information is entered correctly into patients' charts and to review the effectiveness of the health education and referrals process.

- Staff at **Community Medical Centers** in **Stockton, California,** conduct chart audits annually. The findings are presented to the Quality Assurance Committee, where strategies to improve service delivery are developed by all staff involved in implementation.

Peer Review. Peer review is the process through which clinicians in the same occupation meet regularly to discuss patient interventions. It is considered an essential part of quality health care delivery and provides an excellent medium through which clinicians can share information about best practices and improve patient care delivery systems.

- The **Ammonoosuc Community Health Services** in **Littleton, New Hampshire,** encourages staff to be actively involved in their own evaluations. Peer review findings are provided to the Quality Assurance Committee where goals for the following year are identified. The committee then monitors these goals to ensure that service delivery is continuously improved.

B. Clinical Coordination

While coordinating at the policy and administrative level is a must for a successful collaboration, the delivery of coordinated care to patients can be positively affected by implementing a number of activities in the clinic setting. Beginning with how patients are referred between the WIC program and the various health center departments to coordinated appointment scheduling and shared clinical protocols, sites provided a number of examples of clinical coordination. In addition, many WIC programs and health centers strive to provide consistent and culturally appropriate nutrition education. Finally, some agencies have arranged systematic screening and case management practices in order to obtain needed services for clients.

Strategy 1: Referrals

Collaborating agencies can improve patient care by instituting an efficient and effective referral system. As exemplified below, there are a number of ways in which to coordinate WIC and health center referrals.

Referral Criteria. Health centers routinely refer eligible clients to WIC, and WIC clinics routinely refer clients with health problems or those without a medical home to collaborating health centers. Clients are also referred for services, such as immunizations, well-child care, and dental care. Many organizations conduct a risk factor assessment of clients and use this information to make a referral. For example, during the second prenatal visit at **Centro San Vicenti,** a community health center in **El Paso, Texas,** a needs assessment is conducted with each client. When appropriate, women are referred to WIC.

Referral Process. Clinics use a variety of means to make referrals. Often the process is informal. In some cases, the name and telephone number of the particular program is given to a client, or a referral card is provided. In other cases, staff escort clients to the registration desks of their collaborating programs.

Followup. Followup occurs regularly at some clinics and on an ad-hoc or selective basis at other clinics. While some health centers use a referral form, others use the medical chart to determine whether or not a client has received services, and still others convene periodic meetings to check on particular clients. Some health centers use client information from WIC and medical departments to determine if any clients have "fallen between the cracks."

- At **Bridge Community Health Clinic,** a community health center in **Wausau, Wisconsin,** staff routinely follow up on referrals by using a three-part form. After filling out the form, WIC keeps a copy and sends the other two copies to the health center. After the health center sees the referred patient, staff complete the form and send a copy back to the WIC program. If WIC does not receive a copy of the completed form, staff call the health center and/or client to follow up.

- Charts are also used to facilitate following up on WIC referrals. Providers, such as those at **United Health Centers of the San Joaquin Valley, Inc.,** in **Parlier, California,** review charts for documented referrals and ask clients or check with staff to determine if the referral was followed.

- At **Sonoma County Indian Health Project** in **Santa Rosa, California,** team meetings are used to track services received by pregnant clients.

- At **Fargo Family Health Care Center**, a community health center in **Fargo, North Dakota,** the prenatal coordinator compiles a list of women being served. WIC reviews the list to determine if there are any women who are not enrolled in WIC and informs the prenatal coordinator. The coordinator then follows up with the patient.

Strategy 2: Coordinated Appointment Scheduling

Coordinated appointment scheduling is another activity that reduces fragmentation of services and facilitates a consumer-focused service system. Typically, programs that use a coordinated appointment system have a process in place that allows patients to set up WIC and health center appointments on the same day. Many rural sites utilize this approach to simplify or reduce their clients' need for transportation. Others practice the standard public health outreach protocol "carpe diem" that dictates that public health professionals should provide as many services as possible to low-income, at-risk clients when they present to a public health clinic. Below are some examples of coordinated appointment scheduling arrangements.

Walk-in Clinics. A few health centers have opted to hold weekly evening clinics that don't require appointments. To serve clients and maximize the time they spend at the clinic, health center staff arrange to have both clinical and WIC staff available.

- The **Dunklin County Health Department WIC Program** in **Kennett, Missouri,** coordinates its summer hours of operation with the health center. The health center is open from 5:30 PM to 10 PM on Monday and Thursday nights to accommodate the work schedules of its migrant farm-worker population. No appointments are needed for these summer clinic hours; clients are seen on a walk-in basis for both WIC and health center services. In addition, all staff, from clerks to nurses, are familiar with the guidelines for WIC eligibility, thus enabling all staff to answer clients' questions as well as facilitate referrals and appointments for those who are eligible.

Coordinated Appointments. Most efforts to coordinate appointments between WIC and health center staff result in clients having a WIC appointment immediately following their medical appointment. Some health centers simply tell their clients to arrange their WIC appointment around their prenatal care appointment, while in other cases, health center staff take more direct responsibility to arrange a coordinated appointment for the client. In some circumstances, WIC and the health center have access to the same online appointment scheduling system, making it quite easy to accommodate patients' needs.

- **Community Medical Centers**, a migrant health center in **Stockton, California,** coordinates its WIC appointments with obstetrical and prenatal appointments, and a breastfeeding support visit is conducted at 3- to 4-days' postpartum. In each instance, a WIC service is paired with a perinatal visit. WIC is used as a behavioral "reinforcer" for women participating in prenatal care. The net result is a situation that serves to reinforce participation in WIC and perinatal care.

Strategy 3: Clinical, Educational, and Nutritional Protocols

By following shared protocols, WIC and its collaborating programs or agencies can improve the quality of care provided to clients, as well as the consistency and efficiency with which the care is delivered. For example, by using the same type of scale and measuring board and by weighing and measuring clients in the same manner (e.g., with or without shoes), the reliability of height and weight measurements is increased and departments can use each other's results. Patient care can also be improved by sharing protocols. For example, if multiple providers caring for the same newborn and mother prescribe the same infant feeding regimen, the mother is more likely to follow that regimen.

Organizations looking to improve coordination efforts should examine their needs and decide whether to use existing protocols or develop their own. Organizations should also conduct a self-assessment in order to determine which protocols should be shared between organizations. Shared protocols can include clinical, educational, and nutritional protocols, as well as protocols for special populations, such as adolescents, migrant farm workers, or patients with diabetes.

Selecting Professional Protocols. Protocols shared between departments or agencies are often adopted from standard professional protocols. Some organizations choose to use professional protocols because they are known to meet standards and because the organization does not have to spend time developing the protocols. Shared professional protocols include State WIC, Indian Health Service (IHS), American College of Obstetrics and Gynecology (ACOG), Medicaid, and American Association of Physicians' (AAP) protocols.

- Shared education protocols at the **Fort Hall Indian Health Center,** a community health center in **Fort Hall, Idaho,** have been adopted from IHS, and shared nutrition protocols have been adopted from the State WIC Program.

Developing Protocols. Some agencies decide that existing protocols do not meet their needs and instead develop their own. Protocols are either developed by one department or agency and then shared with the other department, or they are developed jointly.

- The shared education protocols at **Columbia Basin Health Association** in **Othello, Washington,** were originally developed by the health center and then later adopted by WIC.

- The common clinical protocols used at the **Marana Health Center,** a community and migrant health center in **Marana, Arizona,** were developed by the WIC nutritionist and then adopted by the health center.

- At **Valley-Wide Health Services** in the rural **San Luis Valley** of **Colorado,** a committee with representation from all of the agency's programs developed the shared clinical protocol for patient intake and information gathering.

Implementing Protocols. WIC and collaborating partners tend to share clinical protocols that address measuring height and weight and taking blood work. When approached the same way, departments are able to use measurements taken by any health center staff member. By not repeating these measures and lab tests, the agencies save staff and clients' time, as well as fiscal resources.

Health centers and their WIC programs use the same clinical protocols for a number of activities, including the treatment of sexually transmitted diseases, well-child checkups, low hemoglobin, and high cholesterol levels. WIC and collaborating partners also share educational protocols that address breastfeeding education, immunization education, diabetes, hypertension, and high cholesterol levels. Shared nutrition protocols include those covering infant feeding practices, pregnancy and postpartum nutrition, diabetes, hypertension, and weight reduction methods for obese women.

- At **Bayou Comprehensive Health Center** in **Lake Charles, Louisiana,** protocols on adolescent obesity, low hemoglobin levels among children, and nutritional counseling for HIV clients are shared.

Special Populations. Many WIC programs and their collaborating health agencies also follow standard protocols for special populations they serve.

- The WIC program at the **Outpatient Medical Center** at **Natchitoches, Louisiana,** utilizes protocols for serving those with anemia and children with serious dental problems.

- The **First Choice Community Health Care WIC Program** in **Albuquerque, New Mexico,** follows protocols for serving Spanish-speaking clients and protocols for clients with special needs, such as those who are deaf or blind.

Strategy 4: Nutrition Education

By coordinating nutrition education provided by WIC and health center staff, the agencies can provide the best possible nutrition education to their clients, enhance client comprehension, offer consistent messages, and reduce duplication of services.

Enhancing Client Comprehension. Coordination among programs can help to ensure that clients understand the nutrition education they receive.

- For example, at **United Health Centers of the San Joaquin Valley,** a migrant health center in **California,** the prenatal staff conduct a nutrition recall and provide a nutritional assessment for each pregnant woman. After her prenatal appointment, the client attends her WIC appointment. WIC staff then politely quiz her about her nutritional assessment. If she is unable to explain her nutritional assessment or answer the questions of the WIC staff, the WIC staff will review the material once again.

Emphasizing Important Issues. Coordination can provide agencies with the means to emphasize important messages. WIC and health center staff may decide that a particular issue is of great importance and should be addressed with clients by the staff of more than one department.

- The staff at **United Health Centers of the San Joaquin Valley** in **California** decided that breastfeeding education and promotion is so important that it should be discussed by both the clinical and WIC departments. The departments have designed their breastfeeding education classes to ensure that clients hear a message about breastfeeding in each program. The departments work together to ensure that the message is complementary and not redundant. For example, the WIC class may cover the nutritional benefits of breastfeeding for the infant, as well as how to obtain sufficient social support for breastfeeding. The prenatal department staff then concentrate on how to actually breastfeed.

- At **Bayou Comprehensive Health Center** in **Louisiana,** the WIC program and the dental clinic are coordinating efforts to address infant feeding and baby bottle tooth decay. WIC educates the parents on infant feeding by discussing nutritional issues and providing parents with a flyer on baby bottle tooth decay. The dental program staff also educate parents on infant feeding, but they discuss the dental points and provide flyers to parents who address the dental issue.

Providing Consistent Messages. The delivery of consistent messages also facilitates client comprehension by eliminating confusion and reinforcing the education. Many of the WIC programs and health centers interviewed work hard to ensure that they are promoting consistent messages to the clients they share.

- The WIC and health center staff at the **Outpatient Medical Center** at **Natchitoches,** a community health center in **Lake Charles, Louisiana,** coordinate nutrition education and breastfeeding awareness so that efforts are not duplicated, and clients receive consistent messages.

- The **Chickasaw Nation WIC Program** in **Ada, Oklahoma,** takes steps to coordinate health and nutrition education messages with primary health care staff, particularly those related to baby bottle tooth decay, healthy choices, lowfat meal planning, and wellness.

Maximizing Available Resources and Expertise. Coordinating agencies recommend that other health centers and WIC programs draw upon their internal resources to best develop nutrition education curricula and materials.

- The **W.W. Hastings Hospital** in **Tahlequah, Oklahoma,** has formed a multidisciplinary committee of representatives from pediatrics, OB/GYN, WIC, and nutrition to design the nutrition education classes offered to patients. The nutrition education curricula developed by the committee is consistent and acceptable to all departments.

Ensuring that Nutrition Education Is Not Duplicated. Agencies that are coordinating nutrition education efforts are able to ensure that the nutrition education provided is not duplicated. This helps to reduce client frustration since clients do not hear the same education from different providers, attend classes covering the same topic, and/or receive the same materials more than once. Reducing duplication also saves agency resources that can be redirected elsewhere.

- For example, at **Siouxland Community Health Center** in **Sioux City, Iowa,** nutrition education is documented in clients' charts. By reviewing a patient's chart, service providers can determine the nutrition education that has been provided and in what areas further education is needed. Tracking meetings are also used to discuss the nutrition education needs of clients.

Model Site

- At the **Samuel U. Rodgers Community Health Center** in **Kansas City, Missouri,** the WIC and pediatric departments work in tandem so that each department is responsible for addressing particular topics. When counseling clients, WIC covers baby bottle tooth decay and bottle sterilization, while the pediatric department concentrates on information about diarrhea or childhood illness.

- The **California Perinatal Services Program** and **WIC Program** at **United Health Centers of the San Joaquin Valley** have also reached an agreement about which departments will provide classes on nutrition education, contraceptive choices, growth and development, and labor and delivery. Their agreement is spelled out in an MOU.

Strategy 5: Cultural and Linguistic Appropriateness of Care

There are many factors—including culture, religion, and ethnicity—that play important roles in shaping individual's views and actions. Therefore, in today's increasingly multicultural society, it is important that practitioners provide care that is not only technically competent but that also takes into account these factors. If cultural sensitivity is not a component of the care patients receive, they may become disenchanted and choose to forego care they may genuinely need.

Several of the WIC programs and their associated health centers have taken measures to ensure that their services—including medical care, nutrition education, and counseling—are responsive to the cultural needs of their clients. These measures range from employing bilingual and bicultural staff to providing joint interpretation services for WIC and medical visits to providing materials in several languages, and at the appropriate reading level. Some approaches that agencies have taken to providing culturally and linguistically appropriate care are shared below.

Employ Staff Representatives of the Community. Having WIC and health center staff that mirror the population being served may help to increase clients' comfort level because they are receiving care from people who may better understand them and some of the issues they face. This idea, it seems, is fairly common, as a majority of the sites interviewed indicated that many of their staff are bilingual and/or bicultural, and in many cases, live in the community served by the WIC program and health center.

Cultural Competency/Diversity Training. Cultural competency and diversity training is a way to ensure that staff are knowledgeable about different cultures and to help them better relate to patients as well as staff.

- WIC and health center staff at **United Health Centers of the San Joaquin Valley** in **Parlier, California,** receive training that addresses the cultural, social, and literacy needs of clients.

- The **Health Delivery, Inc. WIC Program** in **Saginaw, Michigan,** serves migrant farm workers at a number of sites, including the **Bayside Health Center** in **Bay City**. The organization sent its dietitians to a training on how to create educational materials for low literacy audiences.

Shared Interpretation Services. Many health centers and WIC programs are aware that English is not the native language for many of their patients. Some agencies have teamed up to provide interpretation services for both WIC and medical visits.

- At the **Choctaw Health Center** in **Philadelphia, Mississippi,** as well as the **Siouxland Community Health Center** in **Sioux City, Iowa,** the WIC program has access to translators provided by the health center. In addition, the Choctaw Health Center has a bilingual video on newborn care that is used in prenatal classes.

- The **Quality of Life Health Services, Inc.,** in **Gadsden, Alabama,** has hired translators who work with WIC in addition to the various departments of the health center and has a bilingual social worker who translates for the nutritionist.

Reviewing and Pretesting Materials. Pretesting materials with clients is a sound approach to ensuring not only that the material is written at the appropriate literacy level, but also that the language and images in the materials reflect the population being served and are sensitive to their needs. Materials can be reviewed by patients, as is the case at the **Open Door Family Medical Group** in **Ossining, New York,** which has a patient advisory committee that reviews educational materials to ensure that they are culturally appropriate. They also conduct patient satisfaction surveys to ensure that the materials are created at the appropriate literacy level.

Some agencies also use staff, both internal and external, to review material for cultural and linguistic appropriateness.

- The **Confederated Tribes of Warm Springs Indian Reservation** and **I.H.S. Warm Springs Service Unit** in **Oregon** work closely with Native American elders to obtain history and cultural information to make their materials more sensitive to the needs of their clients.

- **Unity Health Care, Inc.,** and **Cardozo WIC Agency** in **Washington, DC,** not only consult internal staff and clients to ensure that their materials are culturally sensitive, but they also work with the Hispanic Council and the State Department of Health to ensure that their materials are culturally appropriate.

Strategy 6: Coordinated Screening and Enrollment and Case Management

In keeping with the concept of "one-stop shopping" and in order to increase the continuity and comprehensiveness of care provided to patients, many WIC programs and primary health care sites have adopted measures to coordinate the clinical, nutritional, and social services provided to patients. These approaches range from allowing health center staff to determine eligibility for the WIC program to instituting joint Medicaid/health center enrollment processes to providing case management services for clients. Though not all health center or WIC clients are eligible for all medical and social service programs that are available for low-income families, a systematic screening process helps to cast a broad net when identifying those who may qualify for additional assistance.

Health Center Staff Can Determine WIC Eligibility. One of the ways that health centers can coordinate service delivery is to allow health care staff to determine WIC eligibility and/or complete WIC certification forms.

- Certain staff at **Pennsylvania's Community Health Net** in **Erie, Pennsylvania,** can make a Medicaid presumptive eligibility determination and screen clients for the WIC program during patients' initial visit to the health center.

- The registered dietitian, who is supplied to the WIC program by the **Blue Ridge Community Health Center (BRCHC),** in **Hendersonville, North Carolina,** determines WIC eligibility. In the future, BRCHC's child service coordinators and nurses might also be able to determine WIC eligibility.

Joint Enrollment Form or Process. Many sites also have a joint enrollment form or process, or some combination of the two, for getting patients enrolled in both WIC and Medicaid at the same time.

- The **Sto-Rox Neighborhood Health Center** and its partner WIC program at the **Allegheny County Health Department** in **Pittsburgh, Pennsylvania,** have a joint WIC and Medicaid enrollment process for their prenatal patients.

- At the **Open Door Family Medical Group** in **Ossining, New York,** a staff member at the health center can enroll patients in WIC and the Medicaid managed care program at the same time. While the enrollment processes are linked, two separate forms are used for enrollment into each program.

Case Management. Several WIC programs and their partnering primary health care sites have adopted case management strategies in order to better identify and serve patients.

- At the **Twin County Rural Health Center** in **Hollister, North Carolina,** WIC and health center staff utilize maternity care coordinators to find, conduct outreach, and enroll pregnant and postpartum women in a variety of services. The health center can draw down Medicaid administrative matching funds for the services provided by the maternity care coordinators.

- At the **Columbia Basin Health Association** in **Othello, Washington,** the WIC nutritionist and health center case manager make home visits together.

C. Community-based Initiatives

The involvement of and in the surrounding community is paramount to the success of any coordination initiative. Community involvement can take a variety of different forms, from WIC and primary health care sites going out into the community to conduct outreach to setting up special initiatives for particular members of the community to taking an active part in the development, implementation, and/or evaluation of the coordination effort.

Strategy 1: Outreach

The overall goal of outreach is to draw in potential participants, make them more knowledgeable about available services, and respond creatively to their unmet needs. Health centers and WIC programs have reached out to their respective communities in a number of different ways.

Jointly Sponsored Outreach Activities. While the old adage "all publicity is good publicity" may not necessarily be true, good publicity can definitely provide a needed boost. Some health centers and WIC programs have sponsored television and radio promotional "spots" and organized direct mail campaigns. Several health care centers and their partnering WIC agencies, including **Coos County Family Health Services** and **Ammonoosuc Community Health Services** in **New Hampshire,** and the **Open Door Family Medical Group** in **Ossining, New York,** jointly sponsor ads on cable television.

- The **Washington, DC**-based **Unity Health Care, Inc.,** and its collaborating **Cardozo WIC Agency** promote WIC and health center services on Spanish radio stations to reach their predominantly Hispanic population.

- The **Fargo Family Health Center** in **Fargo, North Dakota,** conducts an annual mailing to social services, offices, and schools.

- The **Henderson County Department of Public Health** in **Hendersonville, North Carolina,** and its WIC program are sent a report about the new Medicaid enrollees each month. The health department uses this report to send these families a direct mail piece about the WIC services available.

- The **Shawnee County Health Agency** in **Topeka, Kansas,** uses its linkages with two community hospitals as a vehicle to enroll eligible participants in the WIC program. Health agency staff take WIC enrollment packets to hospitals for new mothers. The packet includes enrollment forms and information on how to schedule a "new baby" WIC appointment. The hospital, in turn, sends referrals for new mothers and

babies for followup by public health nurses. An attempt is made to contact each individual referred by the hospital to offer program benefits. The area social services office also sends a list of prenatal clients receiving Medicaid benefits, which is cross-referenced with the WIC printout. Those not receiving WIC are sent a letter informing them of WIC and health center services. In light of these outreach activities, it is not surprising that the Shawnee County Health Agency serves a high percentage of WIC-eligible participants.

Health Fairs. Health fairs can be a fun and educational event for people to attend to get a variety of information and advice about staying healthy. At the same time, health fairs are an excellent way of promoting services offered by health center programs and WIC. Many of the sites that were interviewed for this handbook conducted health fairs that were cosponsored, jointly staffed, or coordinated in some way by both WIC and health center personnel.

- The WIC program based at the **Outpatient Medical Center at Natchitoches, Louisiana,** shares costs with the health center for conducting outreach at health fairs and community education workshops.

- Likewise, the WIC program at the **Sonoma County Indian Health Project** in **Santa Rosa, California,** shares costs for the annual children's health fair.

- In **Ada, Oklahoma,** the **Chickasaw Nation WIC Program** holds an annual "baby celebration" in which people are invited to a park to celebrate the birthdays of the babies born that year. The parents receive gifts as well as health and nutrition advice for caring for themselves and their children. This event is organized by WIC and several departments within the **Carl Albert Indian Health Facility,** including OB/GYN, dental, nursing, and Head Start.

Community Partner Agencies. Sometimes patients are not always able to come to the health center where services are being delivered. Therefore, many WIC and health center programs have made it a policy to take the services to their patients.

- The WIC program and health center staff at **First Choice Community Health Care** in **Albuquerque, New Mexico,** collaborate to offer health education during teen parenting classes at the Peanut Butter and Jelly Early Childhood Education Center serving children who have suffered abuse through drugs, violence, or incest.

- The **Health Delivery, Inc. WIC Program** in **Saginaw, Michigan,** provides WIC services at the migrant Head Start program.

Mobile Health Centers. Mobile health centers or mobile vans, sometimes brought about by the lack of space to set up a health center or WIC program, are another mode of "taking the services to the clients." These units are generally self-contained and equipped to provide a variety of health services. Though many health centers and WIC programs that were interviewed have access to a van, few coordinate the service delivery provided in the mobile units between medical and WIC staff.

- The **Hidalgo County WIC Program,** located near the **Texas** border with Mexico, serves hundreds of Hispanic clients who live in impoverished "colonias." The WIC program shares the costs related to operating the mobile van with its partner agency, the **Hidalgo County Health Care Corporation.** The time that pediatricians spend conducting outreach in the colonias is supported by the health center, while WIC covers the costs of the nursing staff and supplies for the WIC mobile unit.

Strategy 2: Special Initiatives

WIC programs and primary health sites have also been involved in coordinating a number of special initiatives, some funded through grant monies. Several sites have undertaken special projects that address a particular problem or issue or a specific segment of the population that they serve. Some of these are outlined below.

Breastfeeding Promotion and Support. WIC programs and health centers coordinate in various ways around the issue of breastfeeding, including sharing costs, delivering classes to patients, and providing cross-training on breastfeeding to partner agency staff.

- The **Community Medical Centers WIC Program** in **Stockton, California,** shares costs with its respective health centers related to breastfeeding promotion and support.

- The **Cardozo WIC Agency,** which is collocated with **Unity Health Care, Inc.,** in **Washington, DC,** opens its breastfeeding classes to health center patients even if they are not enrolled in WIC.

- The breastfeeding coordinator of the **Cherokee Nation WIC Program** in **Tahlequah, Oklahoma,** meets with the baby coordinator at the W.W. Hastings Hospital to plan and coordinate the delivery of breastfeeding education to new mothers.

- WIC staff at the **Columbia Basin Health Association** in **Othello, Washington,** visit new mothers in the hospital each morning to provide information about how to breastfeed their infants.

- The WIC breastfeeding counselor at **Ammonoosuc Community Health Services** in **Littleton, New Hampshire,** provides training on breastfeeding to nurses who work for the health center.

Dental Health and Oral Hygiene. Realizing that dental health is an important part of the overall health of an individual, many WIC programs and health care centers have taken measures to collaborate with one another in the area of dental health and oral hygiene.

- For example, utilizing data they collected on the percentage of clients who need dental services and/or have cavities, **Arizona's Mariposa Community Health Center** and the WIC program instituted a dental education and oral hygiene program.

- At **Bayou Comprehensive Health Center** in **Lake Charles, Louisiana,** WIC staff educate women about the importance of maintaining healthy gums while the dental department reinforces this message and provides additional information on oral hygiene and baby bottle tooth decay.

Immunization Projects. A few WIC programs have coordinated with primary health care centers on immunization initiatives. As WIC serves children under age 5, it makes sense for the health center to enlist its assistance in casefinding and followup for children who are behind on their immunization schedule.

- The **Twin County Rural Health Center** in **Hollister, North Carolina,** participated with its WIC program on an immunization initiative, funded by the North Carolina State WIC Program. The purpose of the initiative was to collect immunization data from the local health department, hospital, and health center patient records and to enter it into the State immunization registry. WIC and health center staff go to each of the medical centers to make sure immunization charts are up to date and use the CDC-approved clinical assessment software application as a vaccination assessment tool.

- Staff from the **Gifford Health Center** and the **Indian River County WIC Program** in **Vero Beach, Florida,** work together to promote immunizations. WIC's computerized food voucher issuance system is used to notify staff when WIC participants are overdue for their immunizations. WIC staff advise patients that their child needs an immunization, and the child is sent to the health center's immunization clinic for appropriate immunizations. In this manner, WIC staff work in conjunction with the Gifford Health Center to ensure that as many patients as possible are up to date on their immunizations. An immunization review of Gifford Health Center in November 1998 showed an immunization rate of 88.9 percent as conducted by the Florida Department of Health.

- The **Mariposa Community Health Center** in **Nogales, Arizona,** and its WIC program collected data on the percentage of children who have been immunized. This prompted WIC and the immunization department at the health center to coordinate with one another to conduct a joint immunization clinic. Two days a month, the Mariposa Community Health Center holds a half day immunization clinic in its conference room. The WIC clerk, who is paid by the health center for this particular activity, is responsible for reviewing shot records and assisting parents with filling out forms. A health center nurse actually administers the immunization.

- The **Sonoma County Indian Health Project** in **Santa Rosa, California,** makes its public health nurse available to administer immunizations to WIC participants when they come to the clinic to pick up food vouchers.

- At **Bayou Comprehensive Health Center** in **Lake Charles, Louisiana,** the health center nurse who conducts primary health care screenings for children holds her screening clinics near the WIC program to facilitate the administration of immunizations. When WIC staff encounter a child who needs an immunization, he or she is sent to the screening clinic, or the nurse is paged to administer the immunization on the spot.

Other Initiatives. Below are examples of a wide variety of one-time or periodic assessments or services provided collaboratively by WIC and health center staff.

- The **Family Care Health Centers** in **Missouri** instituted a "Well-Child Checks on Tuesday" program in which WIC and pediatric staff team up 1 day per week to provide comprehensive health and nutrition care for children. Children are seen by a WIC staff member and then escorted to the health center to be seen by a pediatric provider.

- **Unity Health Care, Inc.,** and the **Cardozo WIC Agency** in **Washington, DC,** are involved in a community-wide, fund-raising effort to provide food for the homeless and hungry.

- **Albuquerque's First Choice Community Health Care** in **New Mexico** noted a high percentage of STD rates in its patient population, particularly among pregnant adolescents. In an effort to lower the teen pregnancy and STD rates, WIC and clinical staff collaborate on offering adolescent-specific services.

- Each year, the WIC program and health center staff at **Bayou Comprehensive Health Center** in **Lake Charles, Louisiana,** conduct a "Breast Cancer Awareness Seminar."

Strategy 3: Community Involvement

There are many different ways in which the community can be involved in the coordination effort between WIC and primary health care centers. One of these is through the use of volunteers. The communities surrounding health centers and/or WIC programs have also often been involved in the development, implementation, and evaluation of the program.

Community Volunteers. Because they are usually members of the community, volunteers bring to the coordination effort a knowledge of the patient population—a valuable asset when planning and evaluating health services. Volunteers have been used in several different ways.

- **Interpreters**. For reasons related to patient confidentiality and quality of care, it is not ideal to use patients' family members to interpret for them during medical consultations. However, it is often difficult, especially in rural areas, to find certified or qualified interpreters. In situations when health centers have been unable to locate trained interpreters, they have relied upon community volunteers to act as interpreters for clients who do not speak English. Both the **Coos County Family Health Services** in **Littleton, New Hampshire,** and the **Sto-Rox Neighborhood Health Center** in **Pittsburgh, Pennsylvania,** and their affiliated WIC programs maintain a list of individuals in the community who can serve as interpreters when necessary.

- **Pretest and Review Educational Materials.** Volunteers, including patients themselves, can be used to pretest nutrition education and other materials. The **Centro San Vicenti Health Center** and the WIC program at the **El Paso City-County Health Department** in **Texas** use "lay" community health workers to review sample brochures and flyers and make determinations as to whether the materials are culturally appropriate and/or whether the wording needs to be changed. They also use focus groups of clients to help develop user-friendly materials. Likewise, the **Family Care Health Centers** in **St. Louis, Missouri,** conducts focus groups with its Hispanic patients to assist in revising nutrition education materials.

Community Leaders/Coalitions. In some instances, public officials and/or community leaders are directly involved in the development of the coordination effort between a WIC program and a primary health care site.

- For example, a group of community leaders came together to help the **Indian River County Health Department** in **Vero Beach, Florida,** find funding to provide more services—particularly during evening hours—for the many migrant farm workers laboring in the area's citrus industry. Community members formed the Fellsmere Community Health Coalition. After researching the community's needs and the

resources of the health department, the coalition decided to apply for Federal funding for a community health center. The community received the grant and the Fellsmere Medical Center was opened in 1995.

Community Feedback. In other instances, community representatives are involved in evaluating the coordination initiative and providing feedback on how the effort could better function.

- At the **Sonoma County Indian Health Project** in **Santa Rosa, California,** the board of directors monitors clinic programs, reviews goals and objectives, and ensures that the program reflects the needs of the community.

- The **Warm Springs Health and Wellness Center** in **Warm Springs, Oregon,** works with a health and welfare committee of the Tribal Council. The IHS nutritionist from WIC and the service unit director from the health center both report to the committee and receive feedback and suggestions on their efforts.

- The **Gifford Health Council** in **Vero Beach, Florida,** consists of health center staff and community members. The council meets on a regular basis, and among other issues, examines the status of the coordination effort between the **Gifford Health Center** and **Indian River County Health Department WIC Program.**

Coordination Strategies

Handbook

CHAPTER FIVE

We Want to Improve Coordination, But...

5

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We Want to Improve Coordination, But...

Although agencies may want to improve the coordination between two programs, there are lots of human, organizational, and fiscal challenges that can get in the way. Moving away from old ways of doing things can be uncomfortable for both staff and clients. This section describes some of the most common challenges faced by WIC and health centers interested in forging new collaborative relationships. Staff cited in this chapter were asked to share their words of wisdom on the problems they encountered and how they worked to solve them. Examples provided in Chapters Four and Five may also be helpful in generating ideas for overcoming common pitfalls to collaboration.

Challenges to Coordination and Strategies for Overcoming Them

Challenges to coordination between primary health centers and WIC agencies can occur on many levels and for a variety of reasons. Problems faced by WIC programs may be different than those faced by health centers and, therefore, require different solutions. WIC programs and health centers that operate independently of one another may encounter barriers different from those experienced by health care agencies that sponsor their own WIC programs. Some agencies will experience certain difficulties as part of getting the coordination initiative up and running. Other challenges will emerge after the initial coordination problems are ironed out, and these need to be addressed on an ongoing basis. To help WIC and primary health centers work through actual and potential barriers to improved coordination, it is also important to:

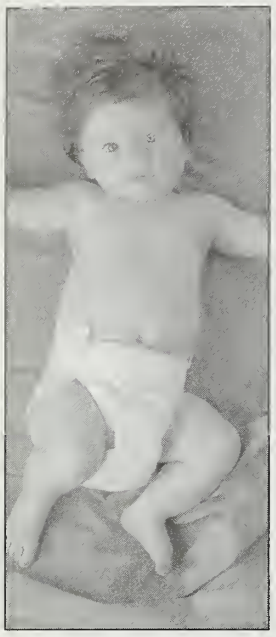
- Develop a shared understanding among agency or program staff regarding the value and benefits of coordination.
- Respond to organizational history and changing dynamics.
- Work within the Federal, State, and agency-specific regulation and resource parameters.

Some of the same solutions, especially those related to communication and sharing information, appear under various challenges, further underscoring the importance of cross-program communication in every step of the coordination process.

Understanding the Value of Coordination

In order for cross-program collaboration to begin, staff at both the health center and WIC program need to understand and value the benefits of coordination to their clients and their programs. It is this common understanding and commitment that will bring and keep the programs together.

Challenge: Communication Between and Among Agencies, Staff, and Clients



A shared understanding of the goals and objectives of each other's program is essential to the success of any WIC/health center coordination effort. This can only be accomplished through regular, clear communication at each level of the collaborating organizations, from the WIC State agency and health center senior management to staff and to clients.

In addition to understanding the objectives they are trying to achieve by engaging in a collaborative effort, it is crucial that WIC and health center staff have an understanding of the organization, policies, and practices in each other's programs. They must also engage in regular dialogue with one another to ensure that the coordination effort is effective—as measured by better, more seamless care for clients. As changes in established practices are implemented, staff also need to communicate the changes to clients and the benefits they can expect as a result of these changes.

Not surprisingly, communication is the challenge most frequently cited by WIC programs and health centers as they work to improve coordination. Many sites noted that WIC and health center staff did not know much about each other's programs and policies. In some cases, programs had difficulty defining the roles that various staff members were expected to play in the coordination effort and experienced problems in articulating these expectations to staff members.

Potential Solutions

For the coordination initiative to be successful, mechanisms need to be developed and implemented so that agency staff can continually share information and educate one another about the individual and collective goals of the WIC program, the health center, and the coordination effort. The following are strategies currently used by WIC programs and health centers to strengthen communication.

- **Conduct Regular WIC and Health Center Staff Meetings.** Regular meetings between WIC and health center staff are an excellent way for staff to learn about program operations and to discuss problems and issues as they arise. While it may be easier for integrated sites to hold joint staff meetings, some collocated agencies also convene regular meetings of both health center and WIC staff. For example, the WIC staff from the **North Carolina Henderson County Department of Public Health,** who are collocated with the **Blue Ridge Community Health Center** 4 days a week, attend the health center's monthly staff meeting. In addition, the WIC local agency coordinator meets quarterly for one-on-one meetings with Blue Ridge Health Center's practice manager to assess and revise their coordination efforts.

- **Cross-train Staff on Program Activities and Outcomes.** Another way to share information and deepen an understanding of both programs is for staff from one agency to train partner agency staff on the operations of their program. For example, staff at the **Fargo Family Health Care Center WIC Program** in **Fargo, North Dakota,** conduct employee training seminars for health center staff and also educate first year medical residents about the WIC program. Similarly, a nurse at **Alabama's Quality of Life Health Center** in **Gadsden, Alabama,** conducts training for health center and WIC staff on a variety of topics such as immunizations, obstetrical services, and the need for folic acid during pregnancy while WIC staff provide information to the health center's department heads on services provided by WIC.

Challenge: Educating and Involving Clients

Collaboration between WIC programs and health centers pose challenges for clients as well as staff. Just as staff may be hesitant to embrace the changes brought about by collaboration, it may also take some time for clients to adjust to new ways of doing things. For example, health center patients who are utilizing services at collocated agencies may have to acclimate themselves to sharing a common waiting area with boisterous children who are in the clinic for WIC services, as many collocated agencies combine their waiting areas to maximize available space. While clients may be pleased with some of the benefits of collaboration, such as being able to have both their WIC and medical appointments on the same day, they may be aggravated by variations in the routine they have come to expect. Explaining these procedural changes and how clients can make their visits to the health center or WIC program go more smoothly can do a lot to help clients adapt to the changes and ensure their satisfaction with the care they receive.

Potential Solutions

Some sites have conducted client education sessions focused specifically on changes resulting from the coordination initiative. Others have sought to involve clients in the coordination effort by inviting clients to provide feedback. Here are some suggestions:

- **Educate Clients on Importance of Coordination.** Staff at **Sacopee Valley Health Center** in **Parsonsfield, Maine,** decided it was important to orient and educate clients on changes related to their coordination effort. Specifically, staff worked with clients to help them understand the benefits of joint appointment scheduling and the importance of patient confidentiality.

- **Solicit Client Feedback.** Patients may also be more inclined to respond positively to coordination if they are engaged in the initiative. The **Centro San Vicenti Community Health Center** in **El Paso, Texas,** conducts an ongoing client survey to monitor the quality of services being delivered to clients. In particular, the survey is used to poll clients about the types of services they would like to see offered on site. This information is used by staff to improve coordination with other programs.

Organizational Dynamics

Organizations are dynamic entities and are always in some state of flux from internal or external factors, such as changes in staffing or regulations. These changes can affect the coordination process in positive and negative ways. The following describes several organizational challenges related to staffing, resources, and structures of the collaborating programs.

Challenge: Hesitance Among Staff to Collaborate

In order for collaboration between WIC programs and health centers to be successful, the effort must have the support of staff members from senior management to providers to clerical staff. Some agency staff are reticent to participate or actively engage in activities intended to coordinate services because they fear change. Several agencies indicated that staff are often afraid of changing the way things have "always been," and they fear that the individual identity of their program will be lost in the coordination effort or that their place in the program will be threatened. Agencies or programs that have been operating independently for many years can be especially wedded to the status quo. As one WIC director noted, "It is easier to put in place a coordination effort when there aren't existing traditions that have to be overcome."

Potential Solutions

Many sites indicated that managing staff hesitance begins with clearly identifying and communicating the benefits of increased coordination and actively involving staff in the design and implementation of the coordination effort.

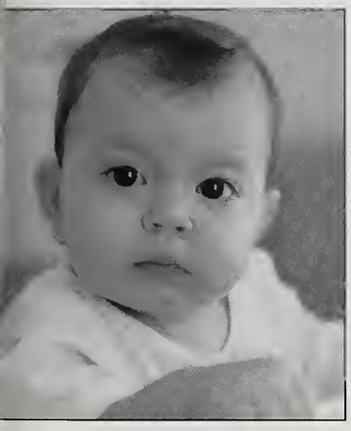
- **Garner Support of Senior Agency Officials.** The support of agency administrators is critical because they set an agencywide tone as to the importance of collaboration and make coordination a priority. Since clinical and clerical staff take their cues from senior management when approaching the prospects of coordination, it is key that the support of agency leadership be articulated clearly and frequently. The WIC director at the **North Central Family Medical Center** in **Rock Hill, South Carolina,** attributes much of the success of the coordination initiative to the leadership of the health center's executive director. By approaching the State WIC Program

about the possibility of becoming a WIC sponsoring agency, and by emphasizing the importance of WIC to the success of the health center and the quality and convenience of care for the clients, the executive director set an example for other agency staff who have embraced the WIC program as a vital part of their organization.

- **Conduct Regular WIC and Health Center Staff Meetings.** Several agencies have found it helpful for WIC and health center staff to attend one another's staff meetings. Other organizations have conducted joint staff training and in-service training for members of both WIC and health center staff that are designed to help them learn about each other's program, to strengthen the connection between the agencies, and to work on specific coordination issues.

- **Share Staff.** Still other agencies have found that sharing staff between WIC and the health center has helped to manage opposition to collaboration. At the **North Hudson Community Action Corporation,** in **West New York, New Jersey,** some clerical and nutrition staff are shared between the WIC program and the health center. In this way, staff loyalties tend not to lie with one program or another.

Challenge: Staffing Issues



Adequate staffing is also key to successful coordination among WIC programs and health centers. Several sites indicated that sometimes the coordination effort can become a victim of its own success. Because successful coordination and collocation between WIC and primary care often lead to an increase in the number of clients coming for services, more work is generated for staff, particularly in the way of increased paperwork and followup activities on referrals. In some cases, there simply aren't enough staff members to attend to all of the duties that need to be performed, while in other cases, staffing patterns need to be better organized in order to achieve the best use of staff resources.

Potential Solutions

Sites have addressed the problem of insufficient staffing in a variety of ways. Some sites realized that they simply needed to hire additional personnel in order to be able to fulfill all of their responsibilities. Others found that they could alleviate some of the burden on staff by cross-training them to perform different functions so that in the event that the workload became too heavy in any particular area, other staff members could step in to help out. Still other agencies found that by streamlining procedures and adjusting staffing patterns (e.g., work schedules, lunch breaks, and support staff), they achieved optimal clinic coverage.

- **Hire Additional Personnel.** One problem for the **Fond du Lac Human Services Center** in **Cloquet, Minnesota,** and its partnering WIC program has been dealing with the busy schedule of their staff members. Additionally, many employees were getting burned out due to the excessively high number of patients they were seeing and dealing with client problems that were both psychological and social in nature. More staff were hired to compensate for the larger number of individuals. Now staff are not as overwhelmed with peripheral problems and are able to dedicate themselves to service delivery.

- **Cross-train and Share Staff. Othello, Washington's Columbia Basin Health Association,** has conducted ongoing staff training to teach staff to perform a variety of functions, allowing certain staff to "rotate" to different departments to learn more about the tasks and responsibilities of those departments.

- **Make Adjustments to Staffing Patterns.** The **Samuel U. Rodgers Community Health Center** in **Kansas City, Missouri,** found that by changing its staffing patterns, the health center was able to provide a more seamless delivery of service and make more effective use of existing staff positions. The agency assigned a dual role to the WIC coordinator, who also serves as the director of the health center's nutrition department, and the WIC nutritionist, who also serves as the perinatal coordinator. By jointly funding these positions and by having staff serve multiple roles, the health center maximized the use of its existing staff.

Challenge: Dealing With Organizational Change

Trying to develop, implement, or maintain a coordination initiative while an agency is in the process of change can be especially challenging. Significant agencywide change can occur on many levels, including changes in organizational structure, leadership, policies, and/or funding. A high degree of staff turnover can also have a substantial impact on an agency and its ability to coordinate among its own programs or with another separate agency. Organizational change may not only place additional stress on staff within the organization who must learn how to respond to the new conditions, but it can also affect the organization with which it is collaborating.

Potential Solution

- **Regular Interaction With Partner Agency.** The WIC director at **United Neighborhood Facilities Health Care Corporation,** who collaborates with **Community Health Net** in **Erie, Pennsylvania,** stressed that continual interaction and networking are necessary to deal with changes occurring within the partner agency. It is important to have many contacts within the partner agency and to understand the

overall workings of the agency; in this way, collaborating staff are always informed and "in the loop" when changes come about. Meeting with new leadership and making sure that they understand the benefits of continued coordination is also key.

Cross-program Challenges

Organizational issues at the Federal, regional, State, and local levels can also affect the ability of programs to pursue increased coordination. The WIC program and the health centers with which they are collaborating are often administered by different agencies. Making all the pieces fit together while maintaining the integrity of the individual program and delivering quality, seamless care is not an easy task.

Challenge: Working Within the Regulations and Administrative Requirements of Two Different Agencies

Because in many cases WIC programs and health centers are two separate organizational entities, the agencies must find a way to work around the myriad of administrative, fiscal, data, and clinical issues that can make coordination challenging. One of the most formidable issues to manage when collaborating between WIC and primary health care services is the fact that the WIC program and various health agencies are governed by dissimilar, and sometimes conflicting, guidelines and policies. The two programs may, for example, have different definitions of eligibility (including income and categorical eligibility criteria). They may also have different clinical standards and protocols: the ages at which certain laboratory work is required, the schedule of recommended visits, or the content of health and nutrition education curricula. Having separate funding streams, employees, budgets, and/or reporting requirements can also pose a challenge to collaboration, as the policies and politics of each organization may influence the degree to which each of these may be coordinated.

Potential Solutions

Many sites are engaging in a number of different activities in order to manage challenges resulting from interagency differences. Some agencies have found that having a written agreement solidifies and formalizes the coordination effort. Others have decided that both WIC and health center senior management must be involved in the planning and management of the initiative if the effort is to be successful and to have institutionalized this process. Still other agencies have found that utilizing the same standards and protocols encourages collaboration. Here are some of their approaches:

- **Develop Formal Agreements.** Many WIC programs and health centers have developed formal agreements or contracts, including MOUs, in order to ensure that their

collaboration effort meets the requirements of their respective funding sources, while meeting needs of their patients. These agreements typically outline expectations of each organization in a variety of administrative and policy areas. For example, the MOU between the **Wausau, Wisconsin's Family Planning Health Services WIC Program** and the **Bridge Community Health Clinic,** stipulates each program's responsibilities related to referrals, patient consent and confidentiality, data sharing, and joint outreach.

- **Include Both WIC and Health Center Staff in Planning and Management Meetings.** Believing that the responsibility for managing organizational differences lies with senior staff, several sites conduct management meetings that include the WIC director and senior officials from the health center. For example, at the **Mariposa Community Health Center** in **Nogales, Arizona,** the WIC director has been brought aboard the management team, while in **Stockton, California,** at the **Community Medical Centers,** WIC is part of a multidepartmental strategic planning effort. In this way, health center and WIC objectives are interrelated. WIC staff in **Gering, Nebraska's Panhandle Community and Migrant Health Center,** meet quarterly with several collaborating agencies to discuss the integrated service delivery model and to examine ways in which this model can be most effective.

- **Develop and Share Protocols.** Another way in which differences between WIC programs and health centers can be managed is by developing and/or sharing protocols to be routinely used by both agencies. This is a practice that several sites have adopted, including the **Allen County WIC Program in Fort Wayne, Indiana,** and partnering **neighborhood health clinics,** which jointly developed emergency protocols. Likewise, **Lake Charles, Louisiana's Bayou Comprehensive Health Center,** shares protocols on adolescent obesity, low hemoglobin levels among children, and nutritional counseling for HIV clients with WIC program staff.

Challenge: Separate Agency Locations

Collaboration may be somewhat more challenging for WIC programs and health centers that are separately located, as clients and staff have to travel between the two agencies. This can be especially problematic for clients who do not have a regular source of transportation. Staff also noted that not being collocated makes informal communication between the two agencies more difficult. While agency staff can communicate over the telephone and via fax and/or e-mail, some staff report feeling less "connected" to their colleagues in the partner agency. Some staff believe that spontaneous and regular communication with their counterparts helps build and sustain greater rapport.

Despite some of the difficulties caused by separate locations, one site indicated that not being collocated has actually resulted in better coordination than when they had been collocated in the past. Now they must make a determined effort to make things work since they do not have the advantage of having their partners in the same building.

Potential Solution

- **Provide Transportation for Clients.** Some agencies have dealt with the difficulty posed by lack of transportation by taking it upon themselves to provide transportation for clients.

- **Create Additional Clinic Space in a Separate Building but on the Same Campus as the Health Center.** If the health center did not have available space in the building to offer to a collaborating WIC agency, or if the WIC program had outgrown its space, some agencies established WIC office space in a nearby structure. For example, the **North Hudson Community Action Agency** in **West New York, New Jersey,** purchased a trailer with five separate rooms and attached it to the back of the building for the women's health department staff. The WIC staff, who remain in the building, now have more room to work, and clients benefit from a less crowded, more private setting in which to receive nutrition education and counseling.

- **Share Information.** For those agencies for which it is not feasible to be collocated with one another, the best solution is to stay in frequent contact with your partner agency, share patient information, and institute a systematic referral process. The **Family Planning Health Services WIC Program** in **Wausau, Wisconsin,** has instituted a process for sharing patient information, even though it is not a program of, or collocated with, the **Bridge Community Health Clinic**. Information is faxed and sent between the WIC program and health center staff to reduce the need to take multiple measurements for the same individual.

- **Create a Systematic Referral Process.** In addition to sharing information, agencies that are not collocated can still implement and maintain a systematic referral process so that clients seen in one agency are sure to be aware of and receive care from their partner agency. Again, though not collocated or integrated with the health center, the **Family Planning Health Services WIC Program** in **Wausau, Wisconsin,** and staff from its partner health center routinely follow up on referrals made to the other agency by using a three-part form. Once a referral is made, one copy is placed in a client file, and two copies are sent to the other agency. Once the patient is seen, the staff send the third part of the form back to the referring agency staff so that they know the patient received services.

Challenge: Fiscal Resources and Clinic Space

In addition to dedicated staff, other resources are necessary to ensure the success of WIC and health center collaboration. The availability and adequacy of resources are always a concern for WIC and health centers and influence the strategies they use to improve coordination. Funding is a pivotal issue, as sites try to determine the most cost-effective and cost-efficient way to deliver coordinated services. Although some WIC programs and health centers achieve cost savings by reducing duplication of effort and sharing resources, others do not and in fact incur greater costs than if they were providing services independently. The issue then becomes, "Do the benefits of coordination in terms of improved services and seamlessness of delivery outweigh the costs of improving coordination?"

Having adequate space in which to provide patient services can be another barrier to coordinating WIC and health center services. Lack of space can produce a cramped and uncomfortable atmosphere for both patients and staff and can also inhibit candid, and sometimes confidential, discussions between staff and clients. While the issue of adequate space is particularly salient for those agencies that are already collocated, it is also an issue for programs that wish to collocate.

Potential Solutions

Here are some ways agencies dealt with the challenge presented by limited fiscal resources and space:

- **Coordinate Resources to Hire Additional Staff.** Some WIC programs and health centers have elected to coordinate their limited resources when hiring staff. For example, the WIC program may have available funds and a need for a .5 FTE but no more, while the health center may be in the same predicament. By coordinating their resources and jointly funding one full-time nutritionist, for example, both programs can get the help they need. Not only does coordinating resources allow programs to hire staff they would otherwise not be able to afford, but agencies that can advertise full-time positions are better able to recruit qualified professionals than if they could only provide a part-time job. Many of the sites that were interviewed when developing the handbook jointly fund staff positions to deal with their limited fiscal resources. The **WIC program in Gering, Nebraska,** benefits from a pilot project which consolidated the Federal programs funds management into an award to the **Panhandle Community and Migrant Health Center.** Each of the five program's funds is tracked and accounted for separately. The consolidated expenditure report is detailed enough to ensure that WIC funds are only used to pay for WIC-specific allowable costs

or WIC's fair portion of shared allowable costs. The experiment in grant consolidation has resulted in positive outcomes for both staff and clients. See the summary of this unique program in Chapter Three.

- **Eliminate Duplication of Service.** Another solution for working within limited budgets is to maximize efficiency by completing tasks only once and sharing information, as opposed to both agencies doing lab work for WIC participants, for example. This was a strategy employed by many integrated and collocated sites. However, as exemplified by the **Bridge Community Health Center** in **Wausau, Wisconsin** and its partner WIC agency, sites do not have to be collocated to enjoy the financial benefits of streamlining services and sharing information.

- **Share Overhead Costs.** WIC programs that are integrated with health centers are less expensive to operate, as they are a component of the health center agency. As a result, the WIC program can benefit from the operations of the finance department; human resources; the maintenance of the physical plant; and the purchase and use of computer software, phone lines, and lab equipment. WIC programs that are collocated with some health centers also benefit from these already-existing infrastructures, as some health centers do not charge rent for the office space and opt to incur some of the overhead costs in order to have a WIC program located on site.

- **Secure Additional Space.** While some sites "just tolerate it" and are unable to do much about their cramped conditions, others took steps to secure additional space, either on or off site. For example, some WIC programs have sought in-kind clinic space in community centers, churches, and schools. **Tazewell, Tennessee's, Claiborne County Health Department WIC Program** was able to take advantage of space that became available when some of its partner agency staff were relocated to another health center site. It also relocated two staff members to another space in the building in order to reduce some of the hallway congestion resulting from increased patient flow.

- **Use Mobile Vans.** Other sites have utilized mobile vans or clinics as a means to mitigate the problems created by lack of space. The **Twin County Rural Health Center** in **Hollister, North Carolina,** received an outreach grant from the State WIC Program to purchase and staff a mobile van. The health center needed a mobile van because they had difficulty finding space for WIC sites in the rural areas of the county. The 36-foot van is staffed by two to four WIC staff, depending on the number of participants they expect to see in a particular day. At a minimum, the van is operated by one nutritionist and one WIC clerk. The van has a nurse's area and exam room,

an area for WIC nutrition education classes, and a waiting area that has a video player where staff can show videos. The mobile van provides all WIC services, including voucher issuance, recertification, and nutrition education. The health center is in the process of trying to coordinate the use of the WIC mobile van with the health center's mental health services.

Challenge: Sharing Information

Sharing information between WIC and health center staff enables them to obtain a more comprehensive picture of a patient's situation and thus provide better patient care. Due to patient confidentiality issues, this area has been one of the major challenges in initiating and maintaining collaboration between independent WIC programs and primary health care services. WIC programs must abide by Federal program regulations concerning patient confidentiality. While some agencies have managed to work within WIC guidelines and still share information, others have not yet implemented policies allowing the sharing of patient information.

Incompatible data systems are often another impediment to information sharing. Often WIC programs and health centers not only have separate data systems but systems that are incompatible with one another. Therefore, staff must continually input and generate redundant information. In addition, WIC and health center staff are often unable to access each other's computer systems, further limiting the sharing of information.

Potential Solutions

Several agencies have come up with creative ideas for sharing information, including developing specific confidentiality agreements, sharing patient records or limited information contained within them, and having patients transport their own patient records between WIC and the health center.

- **Share Patient Records.** At the **United Health Centers of the San Joaquin Valley,** in **Parlier, California,** WIC and health center staff share patient records with each other.

- **Allow Patients to Transport Their Own Record.** In an effort to share information between the two agencies, staff at the **Central Virginia Community Health Center** in **New Canton, Virginia,** give patients a referral form with pertinent information from their medical chart to take with them to the WIC program, located in their health center, so that clients personally control who has access to their medical information.

- **Allow Partner Agency Staff Access to Your Data System**. While they do not share the same data system, WIC and health center staff at several of the sites that were interviewed were able to access each other's computer systems to get the information they needed. For example, at the **Allegheny County Health Department WIC Program** and the **Sto-Rox Neighborhood Health Center** in **Pittsburgh, Pennsylvania,** health center staff have access to WIC data if the patient signs a release form. Additionally, WIC staff at **Tennessee's Claiborne County Health Department** in **Tazewell** can use their partner agency's computers and access data from their computer system. However, they usually just request the information from **Clear Fork Clinic** staff since they are more familiar with the system.

Challenge: Providing Culturally Competent Care

In some instances, local WIC programs may serve a different client population than nearby health centers. As a result, WIC staff may not be prepared to provide culturally and linguistically competent care to health center patients and vice versa. For example, a migrant health center may have bilingual staff, but the WIC program, based at the county health department where they serve primarily English-speaking clients, may not have bilingual staff. So, when the WIC program staff are on site providing services to migrant farm workers during the agricultural season, they will need the assistance and expertise of the migrant health center in order to provide culturally competent care.

Potential Solutions

By teaching one another how to work with the population at hand and by sharing resources, such as bilingual staff, interpreters, and educational materials, both agencies can provide culturally competent care to all clients.

- **Share Interpreters.** The **North Carolina Blue Ridge Community Health Center** provides a full-time interpreter free of charge to the **Henderson County WIC Program** in **Hendersonville** that is collocated 4 days a week. In this rural area, the WIC program was unable to hire a bilingual nutritionist, so Blue Ridge offered to provide the interpreter so that their English-speaking nutritionist can more effectively provide nutrition education to Spanish-speaking clients.

- **Utilize Expertise and Experience of Partner Agency Staff.** The **Allegheny County Health Department WIC Program** in **Pittsburgh, Pennsylvania,** benefits from the expertise of the **Sto-Rox Neighborhood Health Center** staff member who runs an adult literacy program. The individual who administers the health center's literacy program reviews all the health center's educational materials, including those of the WIC program, to ensure they are written at the appropriate reading level. Additionally, the WIC

director at the **Choctaw Health Center** in **Philadelphia, Mississippi,** is a tribal member. As such, she provides input into the development of all nutrition curricula. Though Choctaw is not a written language and all materials are provided in English, the WIC director reviews them for cultural appropriateness. Finally, the bicultural staff at the **WIC program** in **Wausau, Wisconsin,** provide invaluable insights and information to White staff regarding the cultural appropriateness of materials for Hmong clients, many of whom cannot read their primary language.

- **Draw Upon Expertise of the Community**. Several WIC programs and health centers ask community groups and members of the health center board to review educational materials and forms used by the programs for reading level and cultural competency. For example, the **Samuel U. Rodgers Community Health Center** in **Kansas City, Missouri,** has asked the nearby Refugee Council for its assistance in pretesting materials.

Keys to Fostering Collaboration

As WIC and primary health centers described their challenges and solutions with coordination efforts, several important themes emerged that sites view as keys to success. These include:

1. Recognize Common Goals. Critical to successful coordination is getting program staff to recognize that they are working towards one common goal: to provide accessible, comprehensive services to patients. Once staff recognize their shared goal, they are more willing to put aside their territorial tendencies, risk change, and focus on what is best for the patient.

2. Gain Agency and Staff Commitment to Coordination. Once a common goal is recognized, there must be a firm commitment on the part of each agency or program and staff member. No matter what barriers may arise when working together, agencies that are committed to collaborating will find a solution.

3. Foster Ongoing Communication. Another critical key to a successful coordination effort between WIC programs and health centers is "communication, communication, communication!" There must be clear, regular communication between and among health center and WIC staff, as well as between staff and patients, in order to ensure that the needs of the patients are being met and that they are receiving the best care possible.

4. Enlist Support of Senior Management. The support of senior management, both in WIC programs and health centers, is crucial for successful collaboration, as these individuals have the authority to appropriate the necessary fiscal, administrative, and human resources to begin and maintain the effort. Additionally, staff often reflect the attitudes of their leadership, and a positive attitude on the part of senior management will generally permeate the agency.

5. Seek Support of State WIC Agency. Because they have the authority to authorize health centers to sponsor local WIC programs, gaining the support of State WIC agencies is pivotal to developing and implementing a coordination effort between WIC programs and health centers.

6. Remain Flexible. While health centers and WIC programs may each have their separate rules and guidelines to follow, being flexible and willing to adapt to new—and possibly improved—ways of doing things will strengthen the collaboration between the two programs.

Coordination Strategies

Handbook

CHAPTER SIX

Assessing and Developing Your Own Coordination Strategies

6

CHAPTER SIX
Assessing and Developing Your Own Coordination Strategies

This section of the handbook is included to help WIC and health center staff translate enthusiasm for coordination into a concrete action plan.

The Coordination Assessment Guide was designed to lead you and your colleagues through a series of questions to help identify your agency's particular needs for coordination, as well as the effectiveness of those coordination efforts already in place. Upon completing this guide, you will have a clearer picture of the status of current coordination, the coordination options available to you, as well as the steps that can be taken to begin and improve coordination initiatives with your collaborating agency.

The readiness assessment guide was designed to be helpful to a variety of program staff, including:

- staff from community and migrant health centers, IHS or tribal health centers, and the WIC program;
- programs that are collocated, as well as those that are not; and
- integrated and independent WIC programs and health centers.

This guide will also help agencies that have been coordinating for some time, as well as those new to the process.

- For those of you who work in health centers that have had the local WIC contract for many years, use the guide's questions to revisit formal procedures that are intended to facilitate coordination, but in reality do not, or those activities that may have fallen by the wayside in the busy pace of everyday clinic events.
- For agencies that are new at collaborating and may have been successful in one or two program areas, this guide may help to provide ideas for other ways you can forge collaborative initiatives with the WIC program or health center in your community.
- And for those of you who have not yet made connections with your local WIC program or area primary health care services, consider this as a guide to a menu of possibilities. First, identify community programs with which you share clients or common objectives, and learn more about the services they provide. Then, review each of the policy, administrative, and programmatic areas in which it may be possible to collaborate, and take the first step toward reaching out to agencies in your community.

How Should I Use This Guide?

There are a number of ways you can proceed with this coordination assessment. You can either fill out the entire guide or focus on a section that is of immediate concern to you and your colleagues. Some ideas are provided, but essentially, there is no wrong way to use this guide.

- Members of your staff can work from this guide to set priorities among the various coordination strategies. Use this process to jump-start thoughts about next steps. Your agency can then contact your partner agency and set up a meeting to begin a discussion about ways to coordinate some activities.

- Your staff and your partner agency staff can fill out the guide separately and then come together to discuss your responses and explore areas where you could work together more effectively.

- A subcommittee of the two agencies can fill out the guide together in order to collectively identify the group's most pressing needs for coordination and the best strategies for attaining a greater level of collaboration.

- The core management and service delivery staff from both agencies can complete the guide together. This allows all members to benefit from the important discussions it is likely to generate.

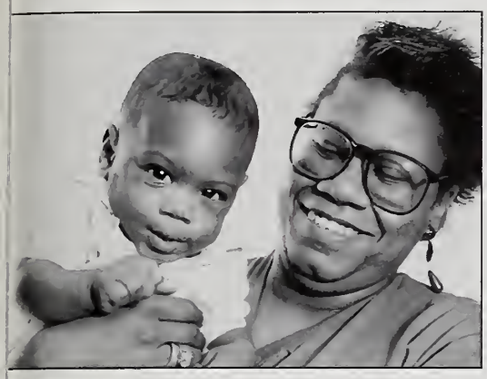
No matter how you fill out the guide, you can use it as a mechanism to foster communication between agencies. Included in this book is a list of the 46 sites that participated in the coordination project. Please feel free to contact either the WIC or health center representative if you have a question about a particular program area or initiative.

Coordination Assessment Guide

Throughout the guide, the term "partner agency" is used to indicate the agency that you could be or are currently collaborating with. For example, if you work for WIC and are using this guide, the "partner agency" refers to the community or migrant health center or the Indian Health Service site or tribal health system in your area. For those of you who work for primary care agencies, no matter the type of agency, "partner agency" refers to the WIC program. In some instances, the WIC program may indeed be a separate agency from the health center, and in other cases WIC is another program within the health center.

The self-assessment portion of this guide is organized around the different policy and administrative areas in which collaboration can occur; coordination that is related to programmatic issues, such as clinical and educational efforts; and collaboration that revolves around outreach and other community-based initiatives.

Policy and Administrative Coordination



This section of the guide includes a number of administrative areas in which coordination can occur between WIC programs and primary health care services. It begins with the goals of the collaboration, as well as the most concrete way to collaborate with a partner agency—collocation. Next, the guide progresses through sections related to sharing patient information, collecting and using health utilization and outcome data, and quality assurance. Also included in these sections are ways to coordinate the training and sharing of staff among programs.

Goals

This first series of questions is designed to help you clarify the goals you hope to achieve by coordinating with your partner agency and to provide a context for the assessment exercise by taking stock of how your current coordination effort was started and the degree to which it is formalized. If you work for the WIC program, review the questions in the left-hand column. If you work for a health care center, please refer to those in the right-hand column.

WIC

If you work for the WIC program, do you want to coordinate services because you are hoping to increase your current caseload or to improve the delivery of services to existing clients?

If your goal is to increase caseload:

- Does the State WIC office consider caseload expansion in your agency a priority?
- Does the State have sufficient funds for you to enroll additional participants?
- Does the partner agency with whom you would like to coordinate serve enough women and children who are WIC eligible?

If these questions can be answered "yes," then coordination with the partner agency may help expand your caseload.

Health Center

If you work for a health center and are not currently coordinating with the WIC program, you will need to decide on an approach prior to examining specific coordination activities.

A health center can choose to become a WIC-sponsoring agency, in which case the activities described in this handbook related to program integration would be appropriate to examine. If your health center is interested in becoming a WIC-sponsoring agency:

- Does your State's WIC program allow private, nonprofit agencies to become WIC providers? *(Some States only allow county health departments or other governmental agencies to provide WIC.)*
- Does the State WIC office consider your service area a high priority for caseload expansion?

WIC

If your WIC program's goal is to coordinate with the partner agency to better serve existing clients:

Do you want to provide services on site at the partner agency or coordinate at a policy level?

If you want to provide services on site:

- Is adequate space available?
- Do partner agency patients come to the health agency on the same day, or are they spread out over time?
- Does the partner agency's scheduling and service delivery system allow for a concentrated time for clients to receive WIC services?
- Are services being provided by the health center's duplicate WIC services? If so, can these services be consolidated?

Health Center

- Does your agency see sufficient numbers of women and children who are likely to be WIC eligible to meet minimum State caseload requirements?
- Do you have adequate space in your center to add WIC services? If not, is there space available nearby?
- Do you have existing staff who can provide WIC services, or will you need staff with different qualifications?
- Are there other WIC programs in your service area that may be opposed to your health center becoming a WIC provider? Have you discussed your plans with these WIC agencies?

If you wish to have an existing WIC agency provide services to your clients either on site or through a referral system, some of the same issues noted above apply. For example, you must have space in which WIC staff can operate, and you must have a sufficient number of WIC-eligible clients coming to your clinic on the day that the WIC staff are there. In addition, the way you currently provide services may need to be changed so clients are not coming to the clinic twice, once for WIC services and again for health care.

Current Status and History of Coordination

From your experience, does your agency have a strong commitment to coordinate with other health services?

If not... What can be done to strengthen this commitment?

If so... Is this commitment written? How is this commitment put into practice?

Have you assessed your agency's and your clients' needs for coordinating with your partner agency?

If not... Complete this guide and together with other program staff set priorities among the program areas in which your clients could benefit from coordination.

If so... What needs was the coordination effort established to meet? Have you determined if your coordination effort is effectively meeting these needs? How could the coordination procedures and activities be amended to better serve clients?

Have you already initiated a coordination effort with a partner agency?

If not... Formulate a plan for approaching the appropriate person at the partner agency to set up a meeting to discuss your mutual needs, clients, services, and goals. Be prepared to share the benefits of coordination. Also, ask your staff to explore the advantages and disadvantages of coordination.

If so... How was the effort initiated? Who started the initiative (e.g., State agency, local agency, clinic staff, community members)? What are the attitudes of front-line and management staff regarding the initiative?

Do you have a Memoranda of Agreement (MOA) with your partner agency?

If not... Review some of the MOA activities described in Chapter Five of the handbook. Identify areas that you would like to include in an MOA with your partner agency.

If so... What policies and activities are covered by the MOA? Have the WIC program and other health agencies named in the MOA reviewed and revised the agreement in the last year?

Collocation of WIC and Health Center Services

This set of questions asks about the physical proximity of WIC services with those sponsored by the health center.

Is the WIC program collocated with the health center?

If not... How long does it take to travel to your partner agency? Do you provide or arrange transportation for clients between WIC and health center services? What are the options for setting up at least a part-time collocated clinic? Are there any prospects for establishing a full-time collocated site?

If so... What coordination activities have resulted from the collocation? Is the physical positioning of services ideal for maximizing coordination between the WIC program and the health center? How could it be improved? At how many sites is your agency collocated with your partner agency? Are there sites that you could be collocated with that you are not? Does the WIC program have a full-time location at the health center site? Is there enough unmet need in the community to support a full-time location at this site?

Patient Records and Information Sharing

The following series of questions focus on client records and information sharing.

Are WIC and health center patient records shared between the collaborating agencies? Shared means that both agencies maintain separate records but that staff have access to one another's records.

If not... Have you approached your partner agency about the possibility of sharing client information? Have you investigated the WIC and health center regulations that must be abided by when sharing information?

If so... What information is shared from the records? How is it shared? Have you developed standard forms to facilitate the sharing of information? Do you have a formal confidentiality agreement with your partner agency? Does this agreement require a patient release form? Do you find that you and your staff often need medical or nutritional information on your clients but cannot gain access to their charts or to the information you need? Have you sponsored joint staff training sessions on patient confidentiality issues? Do you have a system in place to deal with staff breaches of patient confidentiality?

Are patient records integrated between WIC and the health center? Integrated means there is only one clinical record for each client.

If not... Take some time to explore the advantages and disadvantages of pursuing an integrated patient record.

If so... How is the information used (e.g., coordinating care, eliminating duplication of service, such as lab work, and identifying emerging organizational or clinical problems)?

Do WIC staff meet with health center staff to discuss the health and care of individual participants?

If not... Is there a standing WIC or health center meeting that could easily include the staff of the other program and be used as a forum in which to discuss high-risk patients or those served by both programs?

If so... Do you meet on a regular or ad hoc basis? Do staff believe the meeting is effective?

Joint Data Collection and Analysis

This portion of the guide explores data that are shared between WIC and the health center. While an earlier section referred to individual patient records, this section explores the possibilities of sharing aggregate WIC program or health center data to determine client need, assess service delivery, and identify gaps in services.

Do you and your staff have access to data from your partner agency?

If not... Why not? Determine the information that your partner program or agency may have that could be useful to you and your program staff. On the other hand, what information do you have that could be helpful to them? Plan a meeting to discuss the data available to each program and the possibility of sharing this information.

If so... In what program areas have you not yet shared information? For example, you may have examined how baby bottle tooth decay differentially affects health center and WIC clients. But have you examined the possibility of using data to assess immunization compliance among community residents?

Can you generate joint reports with data collected by your partner agency?

If not... What would need to happen in order to be able to produce joint reports? Even though your data system may not be compatible with that of your partner agency, what other avenues exist for including WIC and health center data in joint reports? For example, could you gather separate program information from the health center and the WIC program and use it to create a single report on the joint utilization of well-child care and WIC services?

If so... How often are these reports produced? Who in the two agencies or programs has access to the information? How are they used? What else could they be used for?

Are data jointly reviewed between WIC and the health center?

If not... Explore how a joint process for reviewing data could be used to improve services and organizational effectiveness. Consider the data that should be reviewed and the particular staff members from each organization that should be included in the review.

If so... Are data reviewed independently by respective health center and WIC staff or in a group? What data are reviewed? Who in particular convenes to review data? Are there other staff who should participate in these activities? Are these sessions useful in providing insights into either positive or negative health outcomes or fluctuations in the utilization of service?

Have joint program data been utilized to make changes in service delivery?

If not... Review your answers to the previous questions and determine where your best intentions to collaborate are getting stalled. Pick one area in which you think data could provide insight into gaps or duplications in the delivery of service and ultimately lead to better utilization and improved outcomes. Start there.

If so... How exactly have data been used to cause changes in service delivery? Have you gone back to evaluate how these changes affected the original issue or problem? In other words, do you have an ongoing feedback loop that informs program staff of the impact of new policies or clinical procedures on service delivery? How else can data be used in the future?

Coordinated Service Planning

Coordinated service planning refers to any activities meant to reduce fragmentation or duplication of services between the WIC program and the health center.

Do you conduct any of the following activities in collaboration with your partner agency in an attempt to reduce fragmentation or duplication of services?

___ Planning
___ Evaluation
___ Staffing
___ Clinical services
___ Educational services
___ Outreach services

If you did not check some of these activities, consider how coordination in one or more of these areas could be effective. Identify one area in which to begin planning for increased coordination.

For those activities that you did check... describe your collaborative efforts in these areas and how they reduce duplication and fragmentation of services.

Does the health center provide input to the annual WIC Nutrition Education Plan?

If not... Would input be useful? How? How could you facilitate the involvement of the health center in the WIC plan?

If so... How is the health center feedback obtained? How is it used in the implementation of the nutrition education plan?

Do WIC staff serve on any joint committees with health center staff in a forum outside WIC or the health center (e.g., a county-wide maternal and child health initiative, school health, or child care project)?

If not... What committees exist that are working on collaboration or services integration? What are the advantages and disadvantages of becoming involved in these committees?

If so... What opportunities does this offer to improve coordination?

Sharing of Staff and Other Resources

Now, focus on the coordination of staff and resources between WIC and the health center and if and how they collaborate on budget development.

Do the two programs or agencies share equipment with the health center?

If not... Is this a possibility? In what areas?

If so... Are there additional opportunities for sharing of equipment?

Do WIC program staff provide services for health center clients?
Do health center staff provide services for WIC clients?

If not... What opportunities may exist for cross-program provision of services? What are the advantages and disadvantages and the feasibility of sharing staff?

If so... Are these services routinely provided by non-WIC staff, or are they provided on an as-needed basis? What organizational and funding arrangements make this possible? Is a fee assessed to the WIC program for services provided by health center staff? Are some staff positions funded by both WIC and the health center?

Is budget development coordinated between WIC and the health center?

If not... What are the advantages and disadvantages and the feasibility of coordinating the budget in particular areas to achieve more effective outcomes while maximizing resources?

If so... What processes exist to facilitate coordination? For which areas or activities are the WIC and health center budget coordinated? How are funds budgeted to support coordination activities (e.g., a percentage of staff time)?

Staff Training and Development

The next set of questions asks about joint staff meetings between WIC and health center staff, as well as joint staff development and reciprocal training opportunities.

Do you have a mechanism in place to educate new WIC or health center staff about the operation of and services provided by your program partner?

If not... What mechanism could be developed to cross-train staff?

If so... Is this information updated regularly through in-service training? Is the effectiveness of the training assessed?

Does regular, joint staff training occur between WIC and the health center?

If not... What could be done to facilitate joint staff training?

If so... In what format does the joint training occur? On what topics does joint staff training occur? Do staff from both the WIC program and the health center assume a leadership role in planning and implementing the training? How often does training occur? Who pays for joint staff training? How is its effectiveness assessed?

Are there other regular meetings between WIC staff and health center staff?

If not... Is there a need? What could be accomplished in these meetings?

If so... How effective are these meetings? What could be done to make them more effective?

Does your staff participate in conferences or other activities sponsored by your partner agency's professional association, such as the State WIC meeting, the National Association of Community Health Centers' annual meeting, the IHS Meeting of Clinical Directors, or the annual National Association of WIC Directors' (NAWD) meeting?

If not... Consider whether or not and to what extent it would benefit your staff to attend events such as conferences and other continuing education activities.

If so... Is information shared within both agencies and used to promote coordination?

Quality Assurance

This series of questions encourages you to take stock of your agency's current effort to monitor and evaluate services provided by your partner agency.

Do you have quality assurance mechanisms in place with staff from your partner agency?

If not... Identify the appropriate staff from both programs who would participate in such activities. Consider the possibility of instituting together one or more of the following quality assurance mechanisms: convening a standing quality assurance committee that meets regularly, instituting a periodic and systematic chart review, or establishing a peer review system.

If so... Note the last time a quality assurance activity took place. Are these occurring regularly? During the next quality assurance exercise, ask all those involved if there are better ways to carry out these activities that would ensure quality and facilitate increased coordination between programs. Use this as an opportunity to improve your quality assurance procedures while fine tuning coordination.

Clinical and Educational Coordination

Many agencies begin their collaboration at the policy and administrative levels, but also conduct a number of activities in the area of direct service delivery to better meet the needs of patients. Counted among the different ways that agencies can work together at the clinical level are systematic referral practices between programs, coordinated appointment scheduling, and combined WIC and Medicaid enrollment procedures. While these efforts help ensure that WIC and health center clients can access services, still other areas of clinical coordination aim to improve the consistency, quality, and appropriateness of clinical and educational services. These include shared protocols, coordinated nutrition education, and the effort to provide culturally and linguistically appropriate care.

Referrals Between WIC and Collaborating Agencies

The first set of questions explores the referral practices between WIC and health center staff.

Before you begin, identify the processes that are used by staff to refer WIC participants to primary care services and to refer health center patients to the WIC program.

___ Staff give clients the name and phone number of the partner agency.
___ Staff give clients a referral slip.
___ Staff walk clients to the reception area of the partner agency.
___ Staff call the partner agency to personally set up an appointment for patients.
___ Staff send referrals to clients informing them of the services available at the partner agency.
___ Staff refer walk-in clients to the partner agency, as appropriate.
___ Other processes: _____

Are these processes used consistently by all health center and WIC staff?

If not... Talk to agency staff and get their input as to which mechanisms are the most effective and lend themselves to being routinized in order to ensure that all staff are referring clients for available services.

If so... Talk to agency staff to determine if other mechanisms to refer clients between programs should be explored.

Have criteria been developed to determine when to make a referral to the health center or WIC program?

If not... Who needs to develop the criteria and the formal referral procedures?

If so... Are these criteria useful? Were they developed with partner agency staff? Do you provide written materials or guidance to help your partner agency staff make appropriate referrals to your program?

Do staff follow up on referrals that are made to the partner agency?

If not... Who needs to discuss followup procedures?

If so... Is the followup routine practice or only conducted on a selective basis? Is the followup informal or formal? What are the outcomes of the followup? Are referrals or followup activities documented in participants' charts? Does your agency track how many or what types of referrals are made? How is this information used?

Coordinated Appointment Scheduling

Once a referral has informed clients of the availability of WIC and health center services, the next step is to set up an appointment for them. Below are further considerations.

Is there a mechanism in place so that clients can make a WIC and health center appointment at the same time?

If not... Is this feasible? Consider the availability of appointment staff, as well as the availability of providers' time for joint appointments.

If so... Is this done for all patients? Some patients? Is the system effective?

Do WIC staff make appointments for clients at the health center and vice versa?

If not... Is this feasible? What are the advantages and disadvantages of such an arrangement?

If so... Is this effective?

Combined Program Eligibility and Enrollment Procedures

The following section explores the procedures in place to streamline the various eligibility and enrollment processes that clients must proceed through in order to register as a health center patient, be certified for the WIC program, and enroll in Medicaid.

Are WIC eligibility determination procedures coordinated with the health center so that repeat screenings are not required by the WIC agency?

If not... Is this a feasible strategy? What are the advantages and disadvantages of coordinating in this area?

If so... Is the coordination process effective and efficient? Is there adequate followup by WIC and health center staff?

Is your staff knowledgeable about the eligibility requirements for your partner program?

If not... What plan can be developed to teach staff about program eligibility? How will staff use this information?

If so... Is the eligibility information given to patients? Can WIC staff screen health center patients at their first visit for the health center's fee schedule? Can health center staff certify participants for WIC?

Can health center staff determine WIC eligibility?

If not... Identify the advantages, disadvantages, and the feasibility of having health center staff determine WIC eligibility.

If so... Which staff and at what point in the patient flow do they determine eligibility for the WIC program? How is information regarding eligibility shared?

Is there a joint enrollment process or form for WIC and Medicaid?

If not... Who needs to get together to explore this possibility?

If so... How effective is this process?

Common Protocols

Assuming clients have successfully navigated the referral, appointment, and eligibility systems in place, they are now ready to receive care. Below are issues to consider related to the development and sharing of joint protocols between medical and WIC programs.

Are standard clinical, educational, or nutritional protocols for serving clients shared by the WIC program and the health center?

If not... Review your agency's protocols as well as those of your partner agency to determine which protocols are similar and which set out conflicting policies.

If so... Were these protocols developed jointly? Are staff consistently adhering to these protocols? Have they been updated lately?

Nutrition Education

Nutrition education is a cornerstone of the WIC program. Many health centers also provide nutrition services for chronically ill patients or those with conditions that can be managed by diet, such as diabetes.

Are WIC's nutrition education efforts coordinated with those of the health center?

If not... Identify a team of representatives from both WIC and the health center to discuss nutrition issues that are relevant for both populations. To what extent are nutrition education messages consistent among WIC and health center staff? Are any nutrition education efforts duplicated? Consider mechanisms to coordinate nutrition education messages, curricula, and materials between WIC and health center staff.

If so... Are the two programs maximizing resources in this area? Are your efforts to coordinate in the realm of nutrition education effective?

Cultural and Linguistic Competency

Both WIC and health center staff take steps to provide culturally competent care and educational materials at the appropriate literacy level. Please answer these questions with an eye toward initiating or improving coordination in this area.

Do WIC and health center staff work together to ensure the delivery of culturally and linguistically appropriate care?

If not... Determine the areas and activities in which the WIC program delivers culturally sensitive care. Also, identify the areas in which your agency could improve with respect to cultural competency. Then, consider the strengths and weaknesses of the health center in this area. What could you teach one another? How could you combine your efforts to deliver quality, culturally appropriate care to your clients?

If so... Have you asked clients if they perceive their care to be culturally sensitive? Are there additional opportunities for collaboration in this area?

Outreach and Community-based Initiatives

In addition to working together at the health center or the WIC program, it is possible for staff from the two programs to extend their collaborative effort into the community through outreach and the involvement of clients.

Outreach

The next set of questions explore your outreach activities and whether or not they are coordinated.

Are the outreach activities of the WIC program coordinated with those of the health center?

If not... Make it a priority to catalog your outreach activities and those of your partner agency to determine where they are being duplicated and in what areas you are missing opportunities to spread the word about your programs. Set up a meeting with your partner agency to review your list comparing both agencies' outreach activities. Use this meeting as a forum for reaching consensus on at least a few activities that could more effectively be conducted as a team.

If so... How are these activities coordinated? To what extent do WIC staff conduct outreach for the health center and health center staff conduct outreach for the WIC program?

Do WIC and the health center produce joint outreach materials that describe the services provided by both programs?

If not... Who needs to meet to explore and identify complementary areas of outreach with the same target populations?

If so... What type of joint outreach materials are produced? Do staff of both programs distribute these materials? Do you jointly plan where and how these materials will be distributed?

Community Involvement

A number of WIC programs and health centers have found innovative ways to involve the community in their coordination activities and the delivery of care.

Has the community been involved in planning, developing, implementing, and/or evaluating the coordination efforts between WIC and the health center?

If not... Think about what individuals or groups in the community (including WIC and health center clients) could be involved. Get together with staff from your partner agency to discuss and develop strategies for involving community members.

If so... Is this involvement reflected in program planning?

Assessment of the Coordination Initiative

This last section includes questions about your perceptions of the effectiveness of coordination to date, some of the problems you have encountered along the way, how you overcame these issues, and then asks you to note the circumstances that may facilitate or block further or more effective coordination between the WIC program and the health center.

Preparing to Collaborate

- What circumstances exist that would facilitate coordination between your WIC program and the health center?

- What would you describe as the benefits to staff and to your clients of working with your partner agency?

- What problems, if any, do you expect to encounter in the beginning of collaboration and how do you propose these issues be addressed in a constructive manner so that they do not act as a barrier?

Looking Back

How effective do you think this coordination effort has been? Consider the following issues when answering this question:

  - improved staff morale
  - improved patient satisfaction
  - cost savings
  - increase in caseload and number of visits
  - improved clinical outcomes

- What do staff think about the coordination initiative?

- What do clients think about WIC and health center coordination?

- What problems have you and your staff experienced in developing and/or carrying out this initiative?

- How did you overcome these barriers?

- What would you do differently if you were to start over again?

Having completed the coordination assessment, review and set priorities among the potential areas in which you could initiate or improve coordination. Share your thoughts with your colleagues if you have not already. This outlines the first concrete steps to beginning your effort. Keep in mind some of the common obstacles experienced by WIC and health center staff when working together so that you can be prepared to overcome these setbacks if/when they occur. Also, remember the keys for fostering collaboration discussed at the end of Chapter Five.

Coordination Strategies

Handbook

APPENDIX A

The WIC Program and Primary Care Service Providers

A

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The WIC Program and Primary Care Service Providers

The WIC Program and Primary Care Service Providers

Before considering how to better coordinate with either WIC, C/MHCs, or IHS or tribal health system providers, it is important to know something about the programs. The following describes each program's general goals, its organizational structure, and the services it provides.

I. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC is administered by the Food and Nutrition Service of the U.S. Department of Agriculture, which provides grants to States to implement the program. In turn, a wide variety of State and local organizations cooperate in providing the WIC food and health care benefits. WIC is available in each State, the District of Columbia, 33 Indian Tribal Organizations (ITOs), and 4 of the U.S. territories.

The WIC Program provides supplemental foods, nutrition education and counseling, and referrals to health care and social services for pregnant, breastfeeding, and postpartum women; as well as infants and children up to the age of 5 years. WIC has proven to be effective in improving the health of pregnant women, new mothers, and their infants.

- The WIC Program currently serves approximately 7 million participants each month.
- About 45 percent of the babies born in the United States are served by WIC.

To be eligible for the WIC Program, pregnant or postpartum women and their infants and children up to age 5 must meet income guidelines and a State residency requirement and be individually determined to be at "nutritional risk" by a health professional. To be financially eligible, an applicant's income must fall below 185 percent of the U.S. Poverty Income Guidelines, although States may set lower income limit standards if they so choose. Also, a person or certain family members who participate in other benefit programs—such as the Food Stamp Program, Medicaid, or Temporary Assistance for Needy Families—automatically meet the income eligibility requirement.

II. Community and Migrant Health Center Program

The Community/Migrant Health Center Program is federally funded by the U.S. Department of Health and Human Services' Bureau of Primary Health Care to provide primary health services in medically under-served areas throughout the United States and its territories.

Although they had been in existence since the 1970s, the health centers began to grow rapidly in the mid-1980s. Currently there are nearly 3,000 health center service sites located in urban and rural under-served communities across the country. Approximately 127 of the centers also served migrant farm workers and their families. Numerous studies over the past 30 years document the effectiveness of health centers in providing high-quality, cost-effective services and in furnishing higher rates of preventive care than other providers.

- Twenty-three percent of the medically under-served population in the United States is treated in Community/Migrant Health Centers (National Association of Community Health Centers, 1997).

- Of the populations served by C/MHCs, 45 percent are children, and two-thirds are members of racial or ethnic minority groups. In 1994, births to health center patients accounted for one of every five low-income births.

III. Indian Health Service and Tribal Health Systems

The Indian Health Service (IHS) is an agency of the Public Health Service within the U.S. Department of Health and Human Services. The IHS is responsible for providing Federal health services to American Indians and Alaskan Natives (AI/AN). The provision of these services to members of federally recognized tribes is based on a special relationship between Indian tribes and the U.S. Government, as a result of numerous treaties, laws, constitutional provisions, court decisions, and executive orders. The 1975 Indian Self-determination Act, as amended, builds upon IHS policy by giving tribes the option of manning and managing IHS programs in their communities and provides for funding for improvement of tribal capability to contract under the Act.

The IHS goal, as the principal Federal health care provider and health advocate for Indian people, is to raise the health status of AI/AN to the highest possible level. The IHS has carried out its responsibilities by developing and operating health services delivery systems designed to provide a broad-spectrum program of preventive, curative, rehabilitative, and environmental services. This system integrates health services delivered directly through IHS facilities, purchased by IHS through contractual arrangements with providers in the private sector, and delivered through tribally operated programs and urban Indian health programs.

The operation of the IHS health services delivery system is managed through local administrative units called service units. A service unit is the basic health organization for a geographic area served by the IHS program, just as a county or city health department is the basic health organization in a State health department. In 1995, tribes operated 76 of the 144 service units. The IHS operated 38 hospitals, 61 health centers, 4 school health centers, and 47 health stations. Tribes operated 11 hospitals, 129 health centers, 3 school health centers, 73 health stations, and 167 Alaskan village clinics. There were 34 urban

projects ranging from information referral and community health services to comprehensive primary health care services.

A few service units cover a number of small reservations; some large reservations are divided into a number of service units. The service units are grouped into larger cultural-demographic management jurisdictions, which are administered by the 12 IHS area offices. Over 300 nutrition professionals are employed by IHS, tribes, or urban Indian programs. Most of the IHS headquarters' offices are located in Rockville, Maryland, or Albuquerque, New Mexico.

The IHS headquarters' office in Albuquerque includes the IHS Head Start Program. The IHS Head Start Program is funded through an agreement with the Head Start Bureau. The mission of the IHS Head Start Program is to assist the American Indian Programs Branch grantees in two ways: 1) development of a comprehensive health program for children and families by promoting preventative health services and 2) development and identification of health care systems to ensure ongoing health care for children and families after leaving the Head Start Program. Health priorities for the program are injury prevention, obesity prevention, health education, mental health services, substance abuse prevention, and dental health promotion/treatment. The IHS Head Start Program provides health consultation to about 137 Indian Head Start programs and 28 Early Head Start programs. According to the 1990 census, there are 684,400 AI/AN children.

APPENDIX B

46 Partner Agencies That Completed Interviews

B

APPENDIX B

46 Partner Agencies That Completed Interviews

(alphabetical by State)

WIC Agency	Quality of Life Health Services, Inc.	Clinic	Quality of Life Health Services, Inc.
Address	1411 Piedmont Cutoff	Address	1411 Piedmont Cutoff
CSZ	Gadsden, **AL** 35902	CSZ	Gadsden, **AL** 35902
Contact	Jacqueline Cherry WIC Nutritionist	Contact	Amelia Wofford, Planning and Development Officer
Phone	(256) 494-6010	Phone	(256) 492-0131
Fax	(256) 494-9225	Fax	(256) 494-6000

WIC Agency	Mariposa Community Health Center, Inc. WIC Program	Clinic	Mariposa Community Health Center
Address	1186 North Hohokam Drive	Address	1852 North Mastick Way
CSZ	Nogales, **AZ** 85621	CSZ	Nogales, **AZ** 85621
Contact	Angela Valdez, MS, RD Director of Nutrition Services	Contact	James Weldon CEO
Phone	(520) 287-4994	Phone	(520) 281-1550
Fax	(520) 287-5792	Fax	(520) 281-1112

WIC Agency	Marana Health Center	Clinic	Marana Health Center
Address	13644 N. Sanders Road	Address	13644 N. Sanders Road
CSZ	Marana, **AZ** 85653	CSZ	Marana, **AZ** 85653
Contact	Christine Winters, WIC Coordinator	Contact	Colleen Sorenson, Medical Assistant
Phone	(520) 682-4111	Phone	(520) 682-4111
Fax	(520) 682-3817	Fax	(520) 682-3817

WIC Agency	Central Valley Indian Health WIC Program	Clinic	Central Valley Indian Health, Inc.
Address	20 North DeWitt	Address	20 North DeWitt
CSZ	Clovis, **CA** 93612	CSZ	Clovis, **CA** 93612
Contact	Nora Bashian, RD Director of Nutrition	Contact	Chuck D. Fowler Director
Phone	(559) 298-0258	Phone	(559) 299-2578
Fax	(559) 299-0245	Fax	(559) 299-0245

WIC Agency	Sonoma County Indian Health Project, Inc.	Clinic	Sonoma County Indian Health Project, Inc.
Address	791 Lombardi Court	Address	791 Lombardi Court, Suite 101
CSZ	Santa Rosa, **CA** 95407	CSZ	Santa Rosa, **CA** 95407-0430
Contact	Margaret Bregger Director of Nutrition Services	Contact	Molin Malicay Executive Director
Phone	(707) 544-4056	Phone	(707) 544-4056
Fax	(707) 526-1016	Fax	(707) 526-1016

WIC Agency	United Health Centers of the San Joaquin Valley, Inc.	Clinic	United Health Centers of the San Joaquin Valley, Inc.
Address	1560 East Manning	Address	628 Zediker Avenue
CSZ	Reedley, **CA** 93654	CSZ	Parlier, **CA** 93648
Contact	Gloria Pecina, RD WIC Coordinator	Contact	Ida Dimas, RN Director of Nursing
Phone	(559) 638-3948	Phone	(559) 646-3561
Fax	(559) 638-1612	Fax	(559) 646-3642

WIC Agency	Community Medical Centers, Inc.	Clinic	Community Medical Centers, Inc.
Address	701 E. Channel	Address	701 E. Channel
	PO Box 779		PO Box 779
CSZ	Stockton, **CA** 95201	CSZ	Stockton, **CA** 95201
Contact	Jeanne Blankenship, RD	Contact	Michael H. Kirkpatrick, CEO
Phone	(209) 944-4761	Phone	(209) 944-4710
Fax	(209) 944-4796	Fax	(209) 944-4796

WIC Agency	Valley-Wide Health Services WIC Program	Clinic	Valley-Wide Health Services, Inc.
Address	204 Carson Street	Address	204 Carson Street
CSZ	Alamosa, **CO** 81101	CSZ	Alamosa, **CO** 81101
Contact	Katy Baer, MPH, RD	Contact	Konnie Martin
	Director of WIC and Nutrition Services		VP of Operations
Phone	(719) 589-5161	Phone	(719) 589-5161
Fax	(719) 589-5722	Fax	(719) 589-5722

WIC Agency	Cardozo WIC Agency	Clinic	Unity Health Care, Inc.
Address	3020 14th Street, NW	Address	3020 14th Street, NW
CSZ	Washington, **DC** 20009	CSZ	Washington, **DC** 20009
Contact	Dele Rufai, MS, RD	Contact	Dr. Oxiris Barbot
	WIC Coordinator		Associate Medical Director
Phone	(202) 518-6460	Phone	(202) 518-6463
Fax	(202) 332-9763	Fax	(202) 588-0192

WIC Agency	Indian River County Health Department	Clinic	Fellsmere Medical Center
Address	1900 27th Street	Address	PO Box 898
CSZ	Vero Beach, **FL** 32960	CSZ	Fellsmere, **FL** 32948
Contact	Joni Gathmann	Contact	Cathy Holland
	WIC Coordinator/Supervisor		Chief Executive Officer
Phone	(561) 770-5462	Phone	(561) 571-8828
Fax	(561) 770-5403	Fax	(561) 571-0205

WIC Agency	Siouxland WIC Program	Clinic	Siouxland Community Health Center
Address	504 11th Street	Address	PO Box 2118
CSZ	Sioux City, **IA** 51105	CSZ	Sioux City, **IA** 51104
Contact	Sharon Schroeder, WIC Director	Contact	Shelby Peterson, Child Health Coordinator
Phone	(712) 279-6636	Phone	(712) 252-2477
Fax	(712) 279-6701		

WIC Agency	Fort Hall Indian Health Center	Clinic	Fort Hall Indian Health Center
Address	PO Box 306	Address	PO Box 306
CSZ	Fort Hall, **ID** 83203	CSZ	Fort Hall, **ID** 83203
Contact	Abigail Miedler, WIC Coordinator	Contact	Curt Smith, CEO
Phone	(208) 238-2400	Phone	(208) 238-2400
Fax	(208) 238-6292	Fax	(208) 238-6272

WIC Agency	Allen County WIC Program Clinic	Neighborhood Health Clinics	
Address	3024 Fairfield Avenue	Address	3024 Fairfield Avenue
CSZ	Ft. Wayne, **IN** 46862-1949	CSZ	Ft. Wayne, **IN** 46862
Contact	Sue Smiley, WIC Coordinator	Contact	Mary Haupert, CEO
Phone	(219) 458-2643	Phone	(219) 458-2644
Fax	(219) 458-3093	Fax	(219) 458-3093

WIC Agency	Shawnee County Health Agency	Clinic	Shawnee County Health Agency
Address	1615 SW 8th	Address	1615 SW 8th
CSZ	Topeka, **KS** 66606	CSZ	Topeka, **KS** 66606
Contact	Kay Powell, RD	Contact	Marcia Robinson, RN
	WIC Team Leader		Clinical Service Program Manager
Phone	(785) 368-2000	Phone	(785) 368-2000
Fax	(785) 368-2098	Fax	(785) 368-2098

WIC Agency	Bayou Comprehensive WIC Program	Clinic	Bayou Comprehensive Health Center
Address	2000 Opelousas Street	Address	2000 Opelousas Street
CSZ	Lake Charles, **LA** 70601	CSZ	Lake Charles, **LA** 70601
Contact	Barbara Grigsby, LDN, RD	Contact	Debbie Thomas, Clinical Director
Phone	(318) 493-5159	Phone	(318) 493-5113
Fax	(318) 439-9250	Fax	(318) 439-8898

WIC Agency	Outpatient Medical Center WIC Program at Natchitoches	Clinic	Outpatient Medical Center at Natchitoches
Address	1640 Breazeale Spring Street	Address	PO Box 815
CSZ	Natchitoches, **LA** 71458	CSZ	Natchitoches, **LA** 71458
Contact	Mary Guidry	Contact	Rosslyn Fraser, Executive Director
Phone	(318) 352-9299	Phone	(318) 352-1819
Fax	(318) 357-8236		

WIC Agency	Sacopee Valley Health Center	Clinic	Sacopee Valley Health Center
Address	PO Box 777	Address	PO Box 777
CSZ	Parsonsfields, **ME** 04047-0777	CSZ	Parsonsfields, **ME** 04047-0777
Contact	Gwen Scott, WIC Program Coordinator	Contact	Marty Braga
Phone	(207) 625-8126	Phone	(207) 625-8126
Fax	(207) 625-7820	Fax	(207) 625-7820

WIC Agency	Health Delivery, Inc.	Clinic	Bayside Health Center
Address	1522 Janes Street	Address	3884 Monitor Road
CSZ	Saginaw, **MI** 48601	CSZ	Bay City, **MI** 48706
Contact	Jeanne Harding Director of Nursing Services	Contact	Alvaro Adam Migrant Services Director
Phone	(517) 754-6111	Phone	(517) 671-2000
Fax	(517) 754-0674	Fax	(517) 671-4000

WIC Agency	Fond du Lac WIC Program	Clinic	Fond du Lac Human Services
Address	927 Trettle Lane	Address	927 Trettle Lane
CSZ	Cloquet, **MN** 55720	CSZ	Cloquet, **MN** 55720
Contact	Peggy Hiestand, RD	Contact	Phil Norrgard, Human Services Director
Phone	(218) 878-2146	Phone	(218) 879-1227
Fax	(218) 879-8378	Fax	(218) 879-8378

WIC Agency	Samuel U. Rodgers Community Health Center	Clinic	Samuel U. Rodgers Community Health Center
Address	825 Euclid	Address	825 Euclid
CSZ	Kansas City, **MO** 64124	CSZ	Kansas City, **MO** 64124
Contact	Eve Wells Nutrition Department Manager	Contact	Warren Brodine Admininstrator
Phone	(816) 889-4693	Phone	(816) 474-4920
Fax	(816) 474-6475	Fax	(816) 474-6475

WIC Agency	Dunklin County Health Department WIC Program	Clinic	Southeast Missouri Health Network
Address	709 First Street	Address	709 Teaco Road
CSZ	Kennett, **MO** 63850	CSZ	Kennett, **MO** 63857
Contact	Michelle McMullan WIC Coordinator	Contact	Sandy Sharp
Phone	(573) 888-9441	Phone	(573) 717-1332
Fax	(573) 717-1335		

WIC Agency	Family Care Health Centers	Clinic	Family Care Health Centers
Address	6313 Michigan Avenue	Address	6827 S. Broadway Street
CSZ	Saint Louis, **MO** 63111	CSZ	Saint Louis, **MO** 63111
Contact	Tara O'Shaunessy, RD Nutrition Services Coordinator	Contact	Kathy Garst Health Services Director
Phone	(314) 353-5190	Phone	(314) 353-1310
Fax	(314) 353-7631	Fax	(314) 353-1310

WIC Agency	Mississippi Band of Choctaw Indians WIC Program	Clinic	Choctaw Health Center
Address	PO Box 6010	Address	Route 7, Box R-50
CSZ	Philadelphia, **MS** 39350	CSZ	Philadelphia, **MS** 39350
Contact	Beatrice Carson WIC Director	Contact	Jamie Hilyer Director of Women's Wellness Center
Phone	(601) 399-6337	Phone	(601) 389-6215
Fax	(601) 650-1860	Fax	(601) 656-5091

WIC Agency	Henderson County WIC Program	Clinic	Blue Ridge Community Health Center
Address	Henderson County Dept. of Public Health 1347 Spartanburg Highway	Address	PO Box 5151
CSZ	Hendersonville, **NC** 28792	CSZ	Hendersonville, **NC** 28793
Contact	Nancy Selvey, Nutrition Services Director	Contact	Andie Owensby Practice Manager
Phone	(828) 692-4223	Phone	(828) 692-4289
Fax	(828) 697-4709	Fax	(828) 696-2350

WIC Agency	Twin County Rural Health Center WIC Program	Clinic	Twin County Rural Health Center, Inc.
Address	PO Box 10	Address	PO Box 10
CSZ	Hollister, **NC** 27884	CSZ	Hollister, **NC** 27884
Contact	June Conway-Alston, WIC Director	Contact	William Remmes, Admininistrator
Phone	(252) 586-5154	Phone	(252) 534-1661
Fax	(252) 586-6932	Fax	(252) 586-6932

WIC Agency	Spirit Lake Tribe	Clinic	Fort Totten IHS Clinic
Address	Box 217	Address	PO Box 309
CSZ	Fort Totten, **ND** 58335	CSZ	Fort Totten, **ND** 58335
Contact	Mary Ann Cavanaugh, LPN WIC Director	Contact	Dr. Dorothy Dillard
Phone	(701) 766-4242	Phone	(701) 766-1600
Fax	(701) 766-4126	Fax	(701) 766-1620

WIC Agency	Fargo Family Health Care Center WIC Program	Clinic	Fargo Family Health Care Center
Address	1102 43rd Street, SW	Address	306 North 4th Street
CSZ	Fargo, **ND** 58103	CSZ	Fargo, **ND** 58102
Contact	Kim Vance	Contact	Betsy Liedl, Clinical Director of Health
Phone	(701) 277-1455	Phone	(701) 239-7111
Fax	(701) 239-7134	Fax	(701) 239-7134

WIC Agency	Panhandle Community and Migrant Health Center WIC Program	Clinic	Panhandle Community and Migrant Health Center
Address	975 Crescent Drive	Address	975 Crescent Drive
CSZ	Gering, **NE** 69341	CSZ	Gering, **NE** 69341
Contact	Jill Lindgren, WIC Clinic Director	Contact	Sherri Lovercheck, Executive Director
Phone	(308) 632-2540, ext. 276	Phone	(308) 632-2540
Fax	(308) 632-2752	Fax	(308) 632-2752

WIC Agency	Ammonoosuc Community Health Services, Inc.	Clinic	Ammonoosuc Community Health Services, Inc.
Address	25 Mt. Eustis Road	Address	25 Mt. Eustis Road
CSZ	Littleton, **NH** 03561	CSZ	Littleton, **NH** 03561
Contact	Anne Quinn, WIC Director	Contact	Norrine Williams, Executive Director
Phone	(603) 444-2464	Phone	(603) 444-2464
Fax	(603) 444-5209	Fax	(603) 444-5209

WIC Agency	Coos County Family Health Services WIC Program	Clinic	Coos County Family Health Services
Address	54 Willow Street	Address	54 Willow Street
CSZ	Berlin, **NH** 03570-1800	CSZ	Berlin, **NH** 03570-1800
Contact	Betty A. Gosselin, WIC Coordinator	Contact	Adele Woods, Executive Director
Phone	(603) 752-4678	Phone	(603) 752-3669
Fax	(603) 752-3027	Fax	(603) 752-3027

WIC Agency	North Hudson Community Action Corporation WIC Program	Clinic	North Hudson Community Action Corporation
Address	5301 Broadway	Address	5301 Broadway
CSZ	West New York, **NJ** 07093	CSZ	West New York, **NJ** 07093
Contact	Maureen Luckett-Tuvey, WIC Director	Contact	Michael A. Leggerio
Phone	(201) 866-6383	Phone	(201) 886-2388
Fax	(201) 866-2495	Fax	(201) 330-3803

WIC Agency	First Choice Community Health Care WIC Program	Clinic	First Choice Community Health Care
Address	1231 Candelaria NW	Address	2001 North Centro Familiar SW
CSZ	Albuquerque, **NM** 87107	CSZ	Albuquerque, **NM** 87105
Contact	Jeanne Gallegos, WIC Director	Contact	John Romero, Executive Director
Phone	(505) 345-2513	Phone	(505) 873-7401
		Fax	(505) 873-7473

WIC Agency	Open Door Family Medical Group	Clinic	Open Door Family Medical Group
Address	165 Main Street	Address	165 Main Street
CSZ	Ossining, **NY** 10562	CSZ	Ossining, **NY** 10562
Contact	Vijaya Jain, MS, RD WIC Coordinator	Contact	Lyndsay Farrell Director of Operators
Phone	(914) 941-1263	Phone	(914) 941-1263
Fax	(914) 941-8626		

WIC Agency	Chickasaw Nation	Clinic	Carl Albert Indian Health Facility
Address	WIC and Commodity Foods Program PO Box 1548	Address	1001 North Country Club
CSZ	Ada, **OK** 74820	CSZ	Ada, **OK** 74820
Contact	Melinda Newport, RD, LD Director of Nutrition Services	Contact	Barbara Underwood, LCSW Wellness Coordinator
Phone	(580) 436-7280	Phone	(580) 436-3980
Fax	(580) 436-7225	Fax	(580) 421-4512

WIC Agency	Cherokee Nation WIC Program	Clinic	W.W. Hastings Hospital
Address	PO Box 948	Address	100 South Bliss
CSZ	Tahlequah, **OK** 74464	CSZ	Tahlequah, **OK** 74464
Contact	Brenda Carter, WIC Director	Contact	Hickory Starr, Hospital Administator
Phone	(918) 456-0671, ext. 2589	Phone	(918) 458-3210
Fax	(918) 458-4460	Fax	(918) 458-3262

WIC Agency	Confederated Tribes of Warm Springs	Clinic	Warm Springs Service Unit
Address	PO Box C	Address	PO Box 1209
CSZ	Warm Springs, **OR** 97761	CSZ	Warm Springs, **OR** 97761
Contact	Lillian January, WIC Coordinator	Contact	Dean Seyler, Assistant Service Unit Director
Phone	(541) 553-2457	Phone	(541) 553-1196
Fax	(541) 553-1347	Fax	(541) 553-1347

WIC Agency	Allegheny County Health Department WIC Program	Clinic	Sto-Rox Neighborhood Health Center
Address	Investment Building 239 Fourth Avenue	Address	710 Thompson Street
CSZ	Pittsburgh, **PA** 15222	CSZ	McKees Rock, **PA** 15136
Contact	Kathy White Public Health Nutrition Supervisor	Contact	Sister Ruth Bearer Associate Director
Phone	(412) 350-5900	Phone	(412) 771-6462
Fax	(412) 350-4424	Fax	(412) 771-5887

WIC Agency	United Neighborhood Facilities Health Care Corp. (UNFHCC)	Clinic	Community Health Net
Address	312 Chestnut Street	Address	1202 State Street
CSZ	Erie, **PA** 16503	CSZ	Erie, **PA** 16501
Contact	Debora Jamison Coordinator	Contact	Kathy Lyons Community Relations Coordinator
Phone	(814) 453-5747	Phone	(814) 454-4530
Fax	(814) 456-8865	Fax	(814) 456-2375

WIC Agency	North Central Family Medical Center WIC Program	Clinic	North Central Family Medical Center
Address	546 South Cherry Road	Address	546 South Cherry Road
CSZ	Rock Hill, **SC** 29731	CSZ	Rock Hill, **SC** 29731
Contact	Wilma Digby, WIC Coordinator	Contact	Ernest Brown, Executive Director
Phone	(803) 325-7744, ext. 240	Phone	(803) 325-7744
Fax	(803) 325-1117	Fax	(803) 325-1117

WIC Agency	Claiborne County Health Department WIC Program	Clinic	Clear Fork Clinic
Address	PO Box 183	Address	PO Box 67
CSZ	Tazewell, **TN** 37879	CSZ	Clairfield , **TN** 37715
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Fax	(423) 626-2525	Fax	(423) 784-8615

WIC Agency	El Paso City-County Health Department	Clinic	Centro San Vicenti
Address	1148 Airway Boulevard	Address	8061 Alameda Avenue
CSZ	El Paso, **TX** 79925	CSZ	El Paso , **TX** 79915
Contact	Donna Seward Local Agency WIC Coordinator	Contact	Jim Parker Executive Director
Phone	(915) 771-5850	Phone	(915) 859-7545
Fax	(915) 772-0389	Fax	(915) 855-8507

WIC Agency	Hidalgo County WIC Program	Clinic	Hidalgo County Health Care Corporation
Address	3105 West University Drive	Address	1203 East Ferguson
CSZ	Edinburg, **TX** 78539	CSZ	Pharr, **TX** 78577
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Fax	(956) 380-4056	Fax	(956) 781-4384

WIC Agency	Piedmont Health District WIC Program	Clinic	Central Virginia Community Health Center
Address	111 South Street	Address	PO Box 220
CSZ	Farmville, **VA** 23901	CSZ	New Canton, **VA** 23123
Contact	Rebecca Maxwell, RD District Nutrition Supervisor	Contact	Dr. Andrea Stevens
Phone	(804) 392-3984	Phone	(804) 581-3271
Fax	(804) 392-1038	Fax	(804) 581-1105

WIC Agency	Yakima Valley Farm Workers Clinic	Clinic	Yakima Valley Farm Workers Clinic
Address	602 East Nob Hill Boulevard	Address	518 West 1st Avenue
CSZ	Yakima, **WA** 98901	CSZ	Toppenish, **WA** 98948
Contact	Terri Trisler, MS, RD, CD WIC Director	Contact	Wendy Harvey Clinic Administrator
Phone	(509) 248-8602	Phone	(509) 865-5898
Fax	(509) 577-4686	Fax	(509) 865-4337

WIC Agency	Columbia Basin Health Association	Clinic	Columbia Basin Health Association
Address	PO Box 546 140 East Main Street	Address	PO Box 546 140 East Main Street
CSZ	Othello, **WA** 99344	CSZ	Othello, **WA** 99344
Contact	Leo Gaeta, WIC Coordinator	Contact	Greg Brandenberg, Acting CEO
Phone	(509) 488-5256	Phone	(509) 488-5256
Fax	(509) 488-9939	Fax	(509) 488-9939

WIC Agency	Family Planning Health Services	Clinic	Bridge Community Health Clinic
Address	719 N. Third Avenue	Address	1810 N. Second Street
CSZ	Wausau, **WI** 54401	CSZ	Wausau, **WI** 54403
Contact	Kay Perkins, MS, RD WIC Director	Contact	Sharon Stargardt, RN Operations Director
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Fax	(715) 675-5475	Fax	(715) 845-5385

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APPENDIX C

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C

APPENDIX C

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APPENDIX D

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D

APPENDIX D

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APPENDIX E

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E

APPENDIX E

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APPENDIX F

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APPENDIX F

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